



The University of Texas System

Enrollment form

UTX-001, 002, 003, 004

This form may be used for initial elections only. All future changes must be made by either phone at 800 454-6265 *T (or *8) or by web at www.LFG.com/UT. Attempted changes using this form, other than your initial elections, will not be accepted.

Step A: Participant information

Please check one: Location Code _____

- The UTSAver Tax-Sheltered Annuity Program
The University of Texas System Optional Retirement Program
The University of Texas Deferred Compensation Plan
The University of Texas System Governmental Retirement Arrangement

Information provided on this form will be used exclusively for administering your account and sending financial documents and information related to your plan.

Name _____ SSN ____ - ____ - ____
First Middle Last Suffix (i.e., Jr., Sr.)

Address _____

City _____ State _____ Zip _____

Birthdate ____ / ____ / ____ (mm/dd/yyyy) Married Not Married Daytime phone _____

Date of hire/rehire ____ / ____ / ____ (mm/dd/yyyy) Male Female Evening phone _____

Email address _____

Step B: Decide how to invest

Make an all-in-one choice – this election applies to all contribution types

Choose only one Make an all-in-one choice option at 100%. Do not complete any other section in Decide how to invest.

Table with 5 columns: Program Name, The UTSAver Tax Sheltered Annuity Program, The University of Texas System Deferred Compensation Plan, The University of Texas System Optional Retirement Program, The University of Texas System Government Retirement Arrangement. Rows include Target date-funds like American Funds 2010-2065 Target Date Retirement.

Step B: Decide where to invest *continued*

Manage it yourself

Do not complete any other section in **Decide how to invest**.

Use this section to indicate your asset allocations. Your percentages must add up to 100% in increments of 1%. The Self-Directed Brokerage Account investment option requires an additional enrollment form, available by calling 800-454-6265 *8.

Investment Option	The UTSAver Tax Sheltered Annuity Program	The University of Texas System Deferred Compensation Plan	The University of Texas System Optional Retirement Program	The University of Texas System Government Retirement Arrangement
Cash/Stable Value				
American Funds Money Market R4	_____ %	_____ %	_____ %	_____ %
Lincoln Fixed Annuity - LNTPA	_____ %	_____ %	_____ %	_____ %
Bonds				
BlackRock Inflation Protected Bond Instl	_____ %	_____ %	_____ %	_____ %
Delaware Diversified Income Instl	_____ %	_____ %	_____ %	_____ %
Metropolitan West High Yield Bond I	_____ %	_____ %	_____ %	_____ %
PIMCO Total Return I2	_____ %	_____ %	_____ %	_____ %
Templeton Global Bond A	_____ %	_____ %	_____ %	_____ %
Vanguard Interm-Term Bond Index Adm	_____ %	_____ %	_____ %	_____ %
Balanced/Asset Allocation				
American Funds American Balanced R5E	_____ %	_____ %	_____ %	_____ %
PIMCO All Asset All Authority Inst	_____ %	_____ %	_____ %	_____ %
U.S. Stocks				
American Funds Fundamental Invs R5E	_____ %	_____ %	_____ %	_____ %
AMG Renaissance Large Cap Growth	_____ %	_____ %	_____ %	_____ %
Columbia Acorn Inst	_____ %	_____ %	_____ %	_____ %
Columbia Large Cap Index Inst	_____ %	_____ %	_____ %	_____ %
Columbia Mid Cap Growth Inst	_____ %	_____ %	_____ %	_____ %
Columbia Mid Cap Index Inst	_____ %	_____ %	_____ %	_____ %
Columbia Small Cap Index Inst	_____ %	_____ %	_____ %	_____ %
Delaware Small Cap Value Instl	_____ %	_____ %	_____ %	_____ %
Heartland Mid Cap Value Instl	_____ %	_____ %	_____ %	_____ %
Invesco Value Opportunities A	_____ %	_____ %	_____ %	_____ %
Janus Henderson Triton T Principal MidCap R4	_____ %	_____ %	_____ %	_____ %
Allspring Growth Inst	_____ %	_____ %	_____ %	_____ %
Virtus NFJ Dividend Value Admin	_____ %	_____ %	_____ %	_____ %
International Stocks				
Virtus NFJ Intl Value Fund Inst	_____ %	_____ %	_____ %	_____ %
American Funds Europacific Growth R5E	_____ %	_____ %	_____ %	_____ %
Invesco Developing Markets A	_____ %	_____ %	_____ %	_____ %
Vanguard Developed Markets Index Admin	_____ %	_____ %	_____ %	_____ %
Specialty				
T. Rowe Price Real Estate	_____ %	_____ %	_____ %	_____ %
Self-Directed Brokerage Account*	_____ %	_____ %	_____ %	_____ %

All investment percentages must equal 100%

100% = Total

100% = Total

100% = Total

100% = Total

*Valid only by completing an individual account application. Additional fees may apply. Please call for details. For more information or an application, call 800-454-6265 *8. If your application is not completed and in good order, these assets will be held in the default option determined by your employer.

Please remember: Automatic rebalancing is not available for the Self-Directed Brokerage Account.

Automatic rebalancing: If you want your assets automatically rebalanced, please select a frequency and start date below. (For a detailed explanation of this feature, please refer to your enrollment kit.)

Rebalance my account Quarterly Semiannually Annually Start date ____ / ____ / ____ (mm/dd/yyyy)

Step C: Name your beneficiary(ies)

To name more beneficiaries than this space permits, list them on a separate sheet, sign and date it, then attach it to this form and check this box: More beneficiaries attached.

Percentages must be in whole numbers only. The total of percentages for primary beneficiaries and secondary beneficiaries, separately, must each equal 100%.

Primary

Name _____ SSN _____ Percentage _____ %
Home phone _____ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy)
Address _____
City _____ State _____ Zip _____

Primary Secondary

Name _____ SSN _____ Percentage _____ %
Home phone _____ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy)
Address _____
City _____ State _____ Zip _____

Primary Secondary

Name _____ SSN _____ Percentage _____ %
Home phone _____ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy)
Address _____
City _____ State _____ Zip _____

Primary Secondary

Name _____ SSN _____ Percentage _____ %
Home phone _____ Spouse Non-spouse Birthdate ____ / ____ / ____ (mm/dd/yyyy)
Address _____
City _____ State _____ Zip _____

Step D: Participant signature

By signing below, I certify that:

- My beneficiary designation on this form pertains only to assets held in the *Lincoln Alliance*® program under this/these plan(s) and does not supersede beneficiary designations made under this/these plan(s) for investment held in non-*Lincoln Alliance*® program investment products.
- If I do not name a beneficiary or if no beneficiary survives, all death benefits will be paid according to the retirement plan document provisions or applicable state regulations.
- My primary beneficiary will receive the entire value of the account. If there are several surviving primary beneficiaries, the account value will be divided equally among them, unless specified otherwise.
- My contingency beneficiary will receive the entire value of the account if no primary beneficiary is living. If there are several surviving contingent beneficiaries, the account value will be divided equally among them, unless specified otherwise.
- In connection with my enrollment into my employer sponsored plan, facilitated with this form through Lincoln, I represent and warrant that my answers on this form and any documents I have attached are true and accurate. I understand that any person who knowingly presents false statements on this form may be guilty of a criminal offense and subject to penalties.
- I have read, understand and agree to the terms on this form, the disclosures outlined and the distribution restrictions contained in the enrollment booklet.
- My investment choices are my own, and they were not recommended to me by Lincoln Financial Distributors, Inc. or any other organization affiliated with the *Lincoln Alliance*® program.
- I understand that I can make changes to my investment options at LincolnFinancial.com or by calling the *Lincoln Alliance*® program customer contact center at 800-454-6265 *8.

_____ Date ____ / ____ / ____ (mm/dd/yyyy)
 Your Signature

_____ Agent Code
 Retirement Consultant/Agent Name

Authorization: By signing below, I authorize the RC/Agent named above to perform transactions on my behalf.

_____ Date ____ / ____ / ____ (mm/dd/yyyy)
 Your Signature

Mail this form to: The University of Texas System, c/o Lincoln Retirement Services Co., PO Box 7876, Fort Wayne, IN 46801-7876
 or

Fax this form to: The University of Texas System, c/o Lincoln Retirement Services Co at 260-455-9975

Important information

Mutual funds in the *Lincoln Alliance*® program are sold by prospectus. An investor should carefully consider the investment objectives, risks, and charges and expenses of the investment company before investing. The prospectus and, if available, the summary prospectus contains this and other important information and should be read carefully before investing or sending money. Investment values will fluctuate with changes in market conditions, so that upon withdrawal, your investment may be worth more or less than the amount originally invested. Prospectuses for any of the mutual funds in the *Lincoln Alliance*® program are available at 800-454-6265 *8.

The program includes certain services provided by Lincoln Retirement Services Company, LLC and Lincoln Financial Group Trust Company, Inc. with wholesale marketing and distribution services provided by Lincoln Financial Distributors, Inc. (LFD), a wholesale broker-dealer (member FINRA). All entities listed are affiliates of Lincoln Financial Group, the marketing name for Lincoln National Corporation. Unaffiliated broker-dealers also may provide services to customers. Account values are subject to fluctuation, including loss of principal.

The Lincoln Stable Value Account is a fixed annuity contract issued by The Lincoln National Life Insurance Company, Fort Wayne, IN 46802 on Form 28866-SV 01/01, 28866-SV20 05/04, 28866-SV90 05/04, AN 700 01/12, or AR 700 10/09. **Guarantees for the Lincoln Stable Value Account are subject to the claims-paying ability of the issuer.**

Affiliates of Lincoln National Corporation include, but are not limited to, The Lincoln National Life Insurance Company, Lincoln Life & Annuity Company of New York, Lincoln Retirement Services Company, LLC, and Lincoln Financial Distributors, Inc. , herein separately and collectively referred to as ("Lincoln").

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.