

Beneficiary Designation

STEP 1: Tell us about yourself

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

Choose the appropriate title: Mr. Mrs. Miss Ms. Dr. Other _____

Name: _____ SS#: _____
Last First Middle

Address: _____
Street City State Zip

Birth date: _____ Date of hire: _____ Daytime phone: () _____ Evening phone: () _____

Married Not married Occupation: _____ Work hours: _____

STEP 2: 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 Changes to existing beneficiary

Based on federal law, if you are married and you name a primary beneficiary other than your spouse, you must complete the Spousal Waiver Form provided with your enrollment materials.

Primary beneficiary

Name: _____ SS#: _____ Share: _____ %
Last First Middle

Address: _____
Street City State Zip

Date of birth: _____ Relationship: (choose one) Spouse Daughter/Son Parent Other

CHECK ONE: Primary beneficiary Secondary beneficiary

Name: _____ SS#: _____ Share: _____ %
Last First Middle

Address: _____
Street City State Zip

Date of birth: _____ Relationship: (choose one) Spouse Daughter/Son Parent Other

CHECK ONE: Primary beneficiary Secondary beneficiary

Name: _____ SS#: _____ Share: _____ %
Last First Middle

Address: _____
Street City State Zip

Date of birth: _____ Relationship: (choose one) Spouse Daughter/Son Parent Other

STEP 3: Read these beneficiary statements

You agree that:

- Your beneficiary designation on this form pertains only to assets held in the Lincoln Alliance[®] program under this plan and does not supersede beneficiary designations made under this plan for investments held in non-Lincoln Alliance[®] program investment products.
- If you do not name a beneficiary or if no beneficiary survives you, all death benefits will be paid according to the retirement plan document provisions or applicable state regulations.
- Your 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.
- Your secondary beneficiary will receive the entire value of the account if no primary beneficiary is living. If there are several surviving secondary beneficiaries, the account value will be divided equally among them, unless specified otherwise.

(Please see reverse side)

STEP 4: Sign your name

By signing below, I certify that I have read, understand and agree to the terms on this form.

X

Participant's signature

Date

Return this form to: Johns Hopkins Hospital, c/o Lincoln Retirement Services Co., PO Box 7876, Fort Wayne, IN 46801-7876
or your designated Lincoln Retirement Consultant

Spousal Waiver

As a participant in this retirement plan, you are required to provide your spouse with certain death benefits.

STEP 1: Notice about your rights and obligations concerning your death benefit

Your spouse will be paid your entire account balance unless:

- You waive the spouse's death benefit by completing **Part 4** of this form; and
- Your spouse voluntarily consents to your waiver of the spouse's death benefit and your designated beneficiaries by completing **Part 5** of this form. Even if your current beneficiary is a trust or estate of which your spouse is a beneficiary, the waiver and your spouse's consent are necessary. Without such waiver and consent, your death benefit must be paid to your spouse.

You may revoke the waiver and execute a subsequent waiver at any time before your death by completing this form again. Any subsequent waiver of the spouse's death benefit would require your spouse's consent. Since a waiver is valid only for the spouse consenting to the waiver, if you later remarry, you must complete this form again and obtain your new spouse's consent.

It is important that you and your spouse understand your rights and obligations concerning your death benefits. You may direct any factual questions to your employer or the plan administrator. However, you should consult your legal and/or financial advisor to determine what is best for your situation.

STEP 2: Your automatic beneficiary

If you die before receiving retirement benefits, your beneficiary will be your spouse, who will be paid in any form chosen by your spouse. If your spouse dies before you and is your designated beneficiary, your vested account will be paid to your estate, unless you select another beneficiary. If you are single at the time of your death and you haven't named a beneficiary, your account balance will be paid to your estate.

STEP 3: Sign your name

By signing below, I certify that I have chosen the beneficiaries of my account balance according to **Part 2** above, or as designated in **Part 4** of this form. Also, if I have designated a trust as the beneficiary, I have attached a copy of the trust and certify that if the trust is amended in the future, I will provide a copy of each amendment to the plan administrator.

Participant's name: _____ SS#: _____
(Please print)

X _____ Date _____
Participant's signature

STEP 4: 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

Complete this section only if designating a beneficiary other than the automatic beneficiaries specified in Part 2.

Based on federal law, if you are married and you name a primary beneficiary other than your spouse, you must complete the Spousal Waiver form provided with your enrollment materials.

Primary beneficiary

Name: _____ SS#: _____ Share: _____ %
Last First Middle

Address: _____
Street City State Zip

Date of birth: _____ Relationship: (choose one) Spouse Daughter/Son Parent Other

CHECK ONE: Primary beneficiary Secondary beneficiary

Name: _____ SS#: _____ Share: _____ %
Last First Middle

Address: _____
Street City State Zip

Date of birth: _____ Relationship: (choose one) Spouse Daughter/Son Parent Other

(Please see reverse side)

STEP 5: Your spouse must agree to the beneficiary you've named

Have your spouse complete this section only if you are married and designating a beneficiary other than your spouse. Contact the plan administrator if your spouse cannot be located or if you are legally separated.

- By signing below, I, the participant's spouse, certify that I have read this Spousal waiver. I also agree to release and discharge my spouse's employer, the retirement plan, the trustees of the retirement plan (if any), and any plan service provider from liability for acting pursuant to this consent.
- I understand that I have the right to all of my spouse's vested account in the retirement plan after my spouse dies. I agree to give up the right to the entire account and to have that amount paid to the beneficiary(ies) named above.
- I understand that my spouse cannot change the name of any beneficiary in the future unless I agree to the change.
- I understand that by signing below, I may receive less money than I would have received if I had not signed and I may receive nothing from the retirement plan after my spouse dies.
- I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.
- I understand that if I do *not* sign this agreement, then I may receive my spouse's vested account under the retirement plan when my spouse dies.
- I understand that my consent cannot be changed unless my spouse revokes his or her waiver of the spouse's death benefit.

Spouse's signature:

Date:

The spouse's consent must be witnessed by a notary public.

Witness's signature:

Date:

Subscribed and sworn before me this _____ day of _____, in the year _____

Notary public:

State of:

Date commission expires:

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