

403(b) Contract Exchange Request

Section I Plan Information

Use this form to request a Contract Exchange (formerly 90-24 Transfer) of your 403(b) annuity or custodial account assets to the 403(b) annuity contract or the 403(b)(7) custodial account in the *Lincoln Alliance*[®] program. Throughout this form, the term "transfer" is used to describe the tax-free total or partial exchange of one account for another based on the final 403(b) regulations published on July 26, 2007.

NOTE : Information about the timing of your transfer

Transfers from Lincoln annuity contracts to the investment options offered through the *Lincoln Alliance*[®] program are liquidated on the date of receipt at Lincoln. Once Lincoln prices a redemption request, it may take an additional 3-5 business days to apply the investment options you have selected. During this process, your assets will not be subject to market gains or losses until the transfer is complete. You will receive a confirmation notice when your transfer has been processed out of your annuity contract and again when it has been processed into the fund selection offered by the *Lincoln Alliance*[®] program, including the Lincoln Fixed Annuity.

Circumstances such as incomplete forms, trading deadlines or unusually high volumes may result in additional time to process your transfer. For questions regarding transfers from non-Lincoln contracts, contact your previous provider.

Step 1: Tell us about yourself

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: Tell us about your current provider

My current 403(b) account is with (check one): Lincoln Life Other

403(b) account number: _____
(If more than one account, list all numbers.)

Please complete the information below:

Name of annuity provider, custodian or trustee: _____

Contact person: _____

Address: _____
Street

City _____ State _____ ZIP _____

Phone: () _____

NOTE: The contract exchange rules state that a full or partial transfer out of a 403(b) annuity or custodial account is a nontaxable event only if the transfer is made to another 403(b) account subject to the same or more stringent distribution restrictions.

Step 3: How much money do you want to transfer

Please transfer the amount listed below to Wilmington Trust Co. as successor custodian.

Select one:

Complete — Liquidate all of the above referenced account and transfer the assets.

Partial — Liquidate assets totaling \$ _____ and transfer the assets.

NOTE: If you are 70½ or older and are currently receiving Required Minimum Distributions, contact Customer Service at 800-234-3500 to establish your ongoing Required Minimum Distribution under the *Lincoln Alliance*[®] program.

(Please see reverse side)

Step 4: Break down the amount of the transfer from the existing plan provider

The existing plan provider must complete this section. Dollar amounts must be provided.

The check should be accompanied by information that reflects the grandfathered balances for current withdrawal restrictions. Select all appropriate boxes.

403(b)(1) annuity contract	Employee	Employer
Account balances as of 12/31/86	\$	\$
Account balances as of 12/31/88	\$	\$
Post-1988 salary reduction contributions	\$	

403(b)(7) custodial account	Employee	Employer
Account balances as of 12/31/86	\$	\$
Account balances as of 12/31/88	\$	\$
Post-1988 salary reduction contributions	\$	

Total transfer breakdown:	Employee: \$	Employer: \$
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Step 5: Sign your name

- Any contract exchange processed on or after that date requires an Information Sharing Agreement between the 403(b) Plan Sponsor and the recipient investment /contract provider be in place by January 1, 2009.
- If your employer is currently sending contributions to Lincoln Financial Group or if an Information Sharing Agreement is in place, we will accept contract exchanges without delay.
- If the Information Sharing Agreement is not in place by January 1, 2009, the contract exchange may be taxable.
- If the employer is not currently sending contributions to Lincoln Financial, we will accept contract exchanges into Lincoln Financial 403(b) products and programs and forward an Information Sharing Agreement to the employer that you identify.
- You should contact your employer to determine if the Information Sharing Agreement has been executed and sent to Lincoln Financial by January 1, 2009. If not, you may want to consider another contract exchange to a 403(b) provider approved by your employer or a direct rollover to an IRA or another retirement plan if you are eligible.
- I verify that this transfer contains only dollars from another 403(b) annuity contract or custodian account.
- I have read the above information and authorize the transfer solely for my benefit, based on my investment elections in Section II of this form.
- I also understand that my participation, including my transfer and any associated earnings, will be governed by the provisions contained in the retirement plan and the Lincoln Fixed Annuity contract, if applicable.

X
Participant's signature

Date

Trustee acceptance

Be advised that the Wilmington Trust Co. is acting as trustee/custodian and is willing to accept the proceeds from the above-referenced plan or account into the trust/custodial account, in the *Lincoln Alliance*[®] program.

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	Instructions for former provider: Please make check payable to: Wilmington Trust for the benefit of District 1199SEIU The Johns Hopkins Hospital 403(b) Plan, (participant's name), (participant's Social Security number).
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(Please see next page)

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Section II Investment Allocation

Name: _____ SS#: _____
Last First Middle

Step 6: Where should your transfer go

Amount of transfer: \$ _____ or _____ %

INVESTMENT ELECTIONS: I authorize my transferred assets to be invested in the retirement plan in the following manner:

NOTE: Indicate investment elections in whole percentages. Total must equal 100%, in increments of 1%. If you do not complete this section, your transfer will be moved to the default investment option designated by your employer. You will then be able to move your assets out of that investment option.

If you elected a *LifeSpan*[®] model with a rebalancing feature or signed up to have your account automatically rebalanced, the assets from this transfer will be included with your current asset balance and will be rebalanced accordingly to your current investment selection. **Please remember: Automatic Rebalancing is not available for Self-Directed Brokerage Accounts.**

Option 1: Use <i>LifeSpan</i>[®] Asset Allocation Models.	Select One
2010 Model	<input type="checkbox"/> 100%
2020 Model	<input type="checkbox"/> 100%
2030 Model	<input type="checkbox"/> 100%
2040 Model	<input type="checkbox"/> 100%
2050 Model	<input type="checkbox"/> 100%
<i>If you completed Option 1, Do Not complete Option 2.</i>	
Option 2: Determine your own asset allocation percentages.	Percentages
Fill in your own investment percentages. Your percentages must add up to 100% in increments of 1%.	
Stable-Value Investments	
Lincoln Fixed Annuity	%
Bond Focused	
PIMCO Total Return Admin	%
Vanguard Long-Term U.S. Treasury	%
Stock/Bond/Stable-Value Mix	
Van Kampen Equity and Income A	%
Stock Focused	
American Funds EuroPacific Gr A	%
American Funds Grth Fund of Amer A	%
Calvert Social Investment Equity A	%
Columbia Mid Cap Index Z	%
Columbia Small Cap Index Z	%
DWS Equity 500 Index S	%
Eaton Vance Large-Cap Value I	%
Goldman Sachs Mid Cap Value A	%
James Small Cap	%
Thornburg Core Growth R3	%
Wells Fargo Advantage Small Cap Growt Ad	%
Self-Directed Brokerage Account – cannot be included in Auto-Rebalancing elections; valid only by completing an individual account application. Additional fees may apply, please call for details. For more information or an application, call 800-234-3500. If your application is not completed and in good order, these assets will be held in the default fund determined by your employer.	%
<i>If you completed Option 2, Do Not complete Option 1</i>	Total: 100%

Step 7: Sign your name

X _____ Date _____
 Participant's signature

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

