

Enrollment Form

STEP 1: Tell us about yourself

For **initial enrollment** in the above-mentioned retirement plan, please use this form to elect your salary deferral amount, beneficiary information and investment allocations in the plan. **This form may not be used for investment allocations changes after the initial enrollment period.** All future changes to your investment allocations must be made by either phone or web. Attempted investment allocation changes using this form, other than your initial allocation, will not be accepted. Ongoing changes to your salary deferral amount and beneficiary information may be submitted using this form.

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: () ()
<input type="checkbox"/> Married	Occupation: _____	e-mail address: _____		
<input type="checkbox"/> Not married	Work hours: _____	<input type="checkbox"/> I elect to receive future communications regarding fund data, including prospectus and fund reports, sent to my e-mail address above.		

Step 2: Set your contribution amount

This plan includes an automatic enrollment feature for newly hired employees as of 1/1/09. Unless you opt-out within six weeks after your first pay date, Johns Hopkins Hospital will withhold 2% of your compensation to contribute to the plan.

<input type="checkbox"/> I want to contribute through salary deferrals in an amount other than 2%	Tell us what amount or percentage of your salary, per pay period, in whole numbers:	\$ or %
<input type="checkbox"/> I want to contribute Roth 403(b) contributions:	Tell us what amount or percentage of your salary, per pay period, in whole numbers:	\$ or %
<input type="checkbox"/> I would like to Opt-Out	Please complete Step 5: Sign your name	

If you elect to defer a portion from a special payment (such as a bonus check), please contact the Pension office at 410-614-3494. The first payroll deduction will take place as soon as administratively possible after we receive this form.

STEP 3: 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

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) <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter/Son <input type="checkbox"/> Parent <input type="checkbox"/> Other				

CHECK ONE: Primary beneficiary Secondary beneficiary

Name:			SS#:	Share:	%
Last	First	Middle			
Address:					
Street	City	State	Zip		
Date of birth:	Relationship: (choose one) <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter/Son <input type="checkbox"/> Parent <input type="checkbox"/> Other				

(Please see reverse side.)

STEP 4: Choose your investment options

Option 1: <i>LifeSpan</i> [®] Asset Allocation Model (Select only one model for each contribution source shown.)	Contributions
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%

NOTE: Your account balances will be automatically rebalanced according to the *LifeSpan*[®] asset allocation model's investment mix; and you have agreed to participate in any changes in the investment mix for the *LifeSpan*[®] asset allocation models as the plan sponsor may deem appropriate from time to time keeping with the investment objectives of the selected model. The models will be rebalanced each year on August 6th.

OR - (Complete this next section ONLY IF you did not select a *LifeSpan*[®] Asset Allocation Model above)

Option 2: Determine your own asset allocation percentages.

Fill in your own investment percentages. Your percentages must add up to 100%.

The Self Directed Brokerage Account investment option requires an additional enrollment form, available by calling 800-234-3500.

Investment options	Contributions
Cash and 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 Growth 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.	%
If you completed Option 2, Do Not complete Option 1	Total: 100%

Do you want your assets Automatically Rebalanced?

If YES, select a frequency for each source shown below. (For a detailed explanation regarding this feature, please refer to your Enrollment booklet.)

Account balance Quarterly Semi-annually Annually Start date: / /

STEP 5: Sign your name

- By signing below, I certify that:
- I have read, understand and agree to the terms on this form, the disclosures outlined in "Important information about your plan," and the distribution restrictions contained in the enrollment booklet.
- I understand that I have a choice of how I receive prospectuses explaining the underlying investment options. I have received prospectuses in the following format:
 - CD. I acknowledge that I have access to and can operate a computer with a CD drive. Information about how to request a paper prospectus, both now and in the future, is contained on the CD cover or by calling 800-234-3500.
 - Paper prospectus.
- My investment choices are my own, and they were not recommended to me by Lincoln Financial Advisors or any other organization affiliated with the *Lincoln Alliance*[®] program.
- I understand that I can make changes to the data on this form on the Internet at www.LincolnAlliance.com or by calling the *Lincoln Alliance*[®] program Customer Service line at 800-234-3500.

Participant's signature **X**

Date

RC name:

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

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