

Rollover Request

Section I Plan Information

SPECIAL NOTES

- Carefully read the **rollover notice you received from your distributing plan** before you complete the following sections on the **Rollover Request**. The choices you make will affect the taxes you owe.
- If you don't complete Section II of this form, your rollover will be moved to the default investment option designated by your employer.

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: What was your former plan (Please complete all of Step 2.)

Amount of rollover: \$ _____ or % _____

I am requesting a rollover of:

pre-tax contributions from a 401(k) plan pre-tax contributions from a 401(a) plan
 pre-tax contributions from a 403(b) plan pre-tax contributions from a 457(b) governmental plan
 pre-tax contributions from an IRA after-tax contributions from an Employee Roth

If your rollover includes after-tax contributions from an Employee Roth, indicate the total after-tax contributions \$ _____ and earnings on the after-tax (Roth) contributions: \$ _____.

Note: Rollovers of after-tax contributions are limited to plans/ accounts listed above

Former employer's name: _____ Phone: () _____

Previous Account number: _____

The account I want to roll over is with (check one): Lincoln Life Other

Name of annuity provider, custodian or trustee: _____

Contact person: _____ Phone: () _____ Email: _____

Address: _____
Street City State Zip

You must provide one of the following forms of documentation in order to process your rollover:

- Copy of most recent statement from the prior plan
(Documentation must clearly confirm type of plan, i.e., 401(k), 403(b), 457(b) governmental plan or IRA)
- Letter from prior plan sponsor indicating the type of plan where rollover originated
- Copy of prior plan sponsor's IRS determination letter

Failure to provide one of the above forms of supporting information will delay the processing of your rollover request until such supporting information is received.

(Please see reverse side)

Step 3: Signatures

- I verify that this transaction contains only eligible rollover dollars. I have read the above information and authorize the investment of my rollover contribution solely for my benefit, based on my investment elections in Section II of this form. I have read and I understand the rollover notice I received from my distributing plan. I request to have this transaction processed immediately.
- I understand that my participation, including my rollover contribution and any associated earnings, will be governed by the provisions contained in the receiving retirement plan.
- I verify that this rollover was transferred within 60 days after I received such payment, 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).

(Please see next page)

Rollover Request

Section II Investment Allocation

Name: _____ SS#: _____
Last First Middle

Step 4: Where should your rollover go

Amount of rollover: \$ _____ or _____%

INVESTMENT ELECTIONS: I authorize my rollover check 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 rollover 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. Fill in your own investment percentages. Your percentages must add up to 100% in increments of 1%.	Percentages
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%

(Please see next page.)

Step 5: Sign your name

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