

The Johns Hopkins Health System Corporation 403(b) Plan

Enrollment Form

PLEASE PRINT CLEARLY

You may use this form to select your initial investment options. To change your investment elections in the future, please visit www.LincolnAlliance.com or call *Lincoln Alliance*® Customer Service toll-free at 800 234-3500.

If you have previously elected investment options, Lincoln Financial Group cannot accept this form as a request to change your current elections. Ongoing changes to your salary deferral amount and beneficiary information may be submitted using this form.

Step 1: Tell us about yourself

Please check one: JHH JHHS JHBMC

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

Name: _____
Last First M.I.

Address: _____
Street City State Zip

SSN#: _____ - _____ - _____ Marital Status: Married Not married

Phone: _____ - _____ - _____ Date of birth: _____ / _____ / _____
(Daytime) M M D D Y Y Y Y

Phone: _____ - _____ - _____ Date of hire: _____ / _____ / _____
(Evening) M M D D Y Y Y Y

Step 2: Set your contribution amount (For details refer to "Before You Get Started" in your Enrollment booklet.) The plan includes an automatic enrollment feature for newly hired employees as of 1/1/09. Unless you opt out within six weeks after your date of hire, Johns Hopkins will withhold 2% of your compensation to contribute to this 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 the remainder of the form.		

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.

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 I'm making changes to my 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: _____ Share: _____ % <small>Last First M.I.</small>
	Address: _____ <small>Street City State Zip</small>
	SS#: _____ - _____ - _____ Date of birth: _____ / _____ / _____ Relationship: _____
Check one: <input type="checkbox"/> Primary beneficiary <input type="checkbox"/> Secondary beneficiary	Name: _____ Share: _____ % <small>Last First M.I.</small>
	Address: _____ <small>Street City State Zip</small>
	SS#: _____ - _____ - _____ Date of birth: _____ / _____ / _____ Relationship: _____
Check one: <input type="checkbox"/> Primary beneficiary <input type="checkbox"/> Secondary beneficiary	Name: _____ Share: _____ % <small>Last First M.I.</small>
	Address: _____ <small>Street City State Zip</small>
	SS#: _____ - _____ - _____ Date of birth: _____ / _____ / _____ Relationship: _____

(Please see reverse side)

Step 4: Choose your investment options

Option 1: Use a LifeSpan® Asset Allocation Model.

Select one time-based model.

- 100% 2020 Model 100% 2030 Model 100% 2040 Model
 100% 2050 Model

Or, select one retirement income model.

- 100% Retirement Income Model

Periodically, 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. Electing a LifeSpan® asset allocation model will rebalance any existing balance that you currently have. The models will be rebalanced annually on August 6.

OR - (If you complete Option 1: LifeSpan® Asset Allocation Model, do not complete Option 2)

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%.

Percentage	Investment Option	Percentage	Investment Option
Cash and Stable Value Investments		Stock-based Investments, continued	
%	Lincoln Fixed Annuity	%	American Funds Growth Fund of Amer A
Bond-based Investments		%	Calvert Social Investment Equity A
%	BlackRock Inflation Protected Bond Instl	%	Columbia Mid Cap Index Z
%	PIMCO Total Return Admin	%	Columbia Small Cap Index Z
%	Vanguard Long-Term Treasury Inv	%	DWS Equity 500 Index S
Balanced Investments		%	Eaton Vance Large-Cap Value I
%	Invesco Van Kampen Equity and Income A	%	Goldman Sachs Mid Cap Value A
Stock-based Investments		%	Morgan Stanley Inst Mid Cap Growth I
%	Aberdeen Emerging Markets Instl Fd Instl	%	Perkins Small Cap Value T
%	American Funds EuroPacific Gr A	%	Wells Fargo Advantage Small Cap Gr Adm
		%	Self-Directed Brokerage Account*
<i>All investment percentages must equal 100%.</i>		100%	Total

If you determined your own asset allocation percentages, 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 "Before You Get Started.")

Account Balance Quarterly Semi-annually Annually **Start Date:** / /

*The Self-Directed Brokerage Account election is valid only by completing an individual account application. Additional fees may apply. For more information or an application, please 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. Please remember: Automatic Rebalancing is not available for Self-Directed Brokerage Accounts.

Step 5: Consent to electronic delivery

Email address: _____ @ _____ . _____

For your convenience, prospectuses, supplements, shareholder reports, and other documents related to your account will be delivered to you electronically through your online account. Notices will be provided to your email address above. In addition, as other documents become available, you will receive them electronically instead of paper form by U.S. mail. If the email address you provide does not work, or if you do not provide an email address, you agree to receive such documents on CD, memory stick, or other similar device. You may also request documents in paper form at no charge or revoke your consent to electronic delivery by calling 800 234-3500 at any time.

Step 6: 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 "Before You Get Started," 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 Advisors or any other organization affiliated with the Lincoln Alliance® program.

Participant's signature **X**

Date:

RC name:

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

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 contains this and other important information and should be read carefully before

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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 800 234-3500.

The program includes certain services provided by Lincoln Financial Advisors Corp. (LFA), a broker-dealer (member FINRA) and an affiliate of Lincoln Financial Group, 1300 S. Clinton St., Fort Wayne, IN 46802. Unaffiliated broker-dealers also may provide services to customers.

The *LifeSpan*[®] Asset Allocation Models are designed for investors planning to retire or to start withdrawing their money close to the year indicated in the name of the fund. The manager invests each *LifeSpan*[®] Asset Allocation Model in accordance with an asset allocation between stocks (equity) and bonds (fixed income) which will become more conservative over time as the target maturity date draws closer and following that date, as the investor moves further into retirement.

The *LifeSpan*[®] Asset Allocation Models' mixture of investments is designed to reduce the volatility of investment returns while still providing the potential for higher long-term total returns that are more likely to be achieved by including some exposure to stocks. The principal value of the *LifeSpan*[®] Asset Allocation Models will fluctuate with market conditions and is not guaranteed.

The Stable Value Account is a fixed annuity issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, 46802 on Form 28866-SV and state variations thereof. Guarantees are based upon the claims-paying ability of the issuer.

Lincoln Retirement Services Company, LLC is an affiliate of Lincoln National Corporation.

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.