

The Johns Hopkins Health System Corporation 403(b) Plan

Beneficiary Designation and Spousal Waiver

PLEASE PRINT CLEARLY

STEP 1: Tell us about yourselfChoose 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: Notice about your rights and obligations concerning your death benefit**Select one: First beneficiary selection Change of beneficiary

- Except as described below, in the event of your death, all proceeds will be paid to your primary beneficiary, if living. If not, all proceeds will be paid to your secondary beneficiary.
- If you are married, your spouse will be paid your entire account balance unless:
 - You choose a non-spouse beneficiary by completing **Step 4** of this form; and
 - Your spouse voluntarily consents to your choice by completing **Step 6** of this form. Even if your beneficiary choice is a trust or estate of which your spouse is a beneficiary, your spouse's consent is necessary. Without such consent, your death benefit must be paid to your spouse

You may revoke your beneficiary designation and execute a subsequent designation at any time before your death by completing this form again. Any subsequent designation of a non-spouse beneficiary will require your spouse's consent. Since a consent is valid only for that spouse, 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.

Your automatic beneficiary: If you are married and 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: Read these beneficiary statements

You agree that:

- Your beneficiary designation must comply with all provisions of ERISA and the applicable plan(s).
- 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: 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:			Share:	%
	Last	First	Middle		
	Address:				
	Street	City	State	Zip	
	SS#:	Date of birth:	Relationship:		

Check one: <input type="checkbox"/> Primary beneficiary <input type="checkbox"/> Secondary beneficiary	Name:			Share:	%
	Last	First	Middle		
	Address:				
	Street	City	State	Zip	
	SS#:	Date of birth:	Relationship:		

Check one: <input type="checkbox"/> Primary beneficiary <input type="checkbox"/> Secondary beneficiary	Name:			Share:	%
	Last	First	Middle		
	Address:				
	Street	City	State	Zip	
	SS#:	Date of birth:	Relationship:		

STEP 5: Sign your Name

By signing below, I certify that I have chosen the beneficiaries of my account balance according to Step 4 above. 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 (please print)

X

Participant's signature

Date

STEP 6: 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 **Beneficiary designation form**. 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 beneficiary designation and names me as his or her beneficiary.

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:

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

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