

The Johns Hopkins Health System Corporation 403(b) Plan

403(b) Contract Exchange Request

Section I Plan Information

PLEASE PRINT CLEARLY

Please check one: JHH JHHS JHBMC

Use this form to request a Contract Exchange 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 a Lincoln Financial Group (Lincoln[®]) annuity contract 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.

¹Affiliates of Lincoln National Corporation include The Lincoln National Life Insurance Company, Lincoln Life & Annuity Company of New York and Lincoln Retirement Services Company, LLC. 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.

Step 1: Tell us about yourself

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

Phone: _____ - _____ - _____ Date of birth: _____ / _____ / _____

M	M	D	D	Y	Y	Y	Y
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Phone: _____ - _____ - _____ Date of hire: _____ / _____ / _____

M	M	D	D	Y	Y	Y	Y
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Step 2: Tell us about your current provider

My current 403(b) account that I would like to transfer over is with (check one): Lincoln 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: _____ Phone: _____ - _____ - _____

Address: _____

Street	City	State	Zip
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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.

- *If Other Employer contributions are entered please indicate name of money type _____.
- **Roth contributions. Provide the year that the first contribution was made: _____.
- ***After-Tax contributions (excluding Roth). Provide the year that the first contribution was made: _____.

The check must be accompanied by information that reflects any grandfathered balances for withdrawal restrictions. Missing source information may delay processing your transaction and Lincoln Financial may treat monies being transferred as elective deferral amounts which could limit the amount available for future distributions. Provide appropriate amounts in the boxes below:

Employer			Employee			
Matching	Non-Matching	*Other	Pre-Tax	**Roth	***After-Tax	403(b)(1) annuity contract
\$	\$	\$	\$		\$	Account balances as of 12/31/86
\$	\$	\$	\$		\$	Account balances as of 12/31/88
\$	\$	\$	\$	\$	\$	Post-1988 salary reduction contributions
						403(b)(7) custodial contract
\$	\$	\$	\$		\$	Account balances as of 12/31/86
\$	\$	\$	\$		\$	Account balances as of 12/31/88
\$	\$	\$	\$	\$	\$	Post-1988 salary reduction contributions
\$	\$	\$	\$	\$	\$	Total transfer breakdown

Step 5: Consent to electronic delivery (If you have already consented to eDelivery, please skip this section.)

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

- 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 employer is not currently sending contributions to Lincoln Financial Group, we will hold the exchange and forward an Information Sharing Agreement to the employer that you identify.
- You should contact your employer to determine if Lincoln Financial Group is an approved vendor or if an Information Sharing Agreement has been completed. If not, you will need 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 custodial 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 _____

X _____
RC/Agent/Broker Name _____ Agent code (If any) _____

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:

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

Instructions for former provider
Please make check payable to:
Wilmington Trust for the benefit of
The Johns Hopkins Health System Corporation 403(b) Plan
(participant's name), (participant's Social Security number)
Please mail check to:
The Johns Hopkins Health System Corporation
Lincoln Retirement Services Co.
PO Box 7876
Fort Wayne, IN 46801-7876

(Please see next page)

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Section II Investment Information

PLEASE PRINT CLEARLY

Name: _____ SS#: _____
Last First M.I.

Step 7: Where should your transfer go

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 have investment elections on file and do not correctly complete Section II of this form, your transfer will be deposited into the investment elections you have on file. If you do not have investment elections on file and do not correctly complete Section II of this form, your transfer will be deposited into the Qualified Default Investment Alternative designated by your employer. You will then be able to move your assets out of that investment option.

If you select a *LifeSpan*[®] Model your existing balance and all future contributions will be allocated to the *LifeSpan*[®] Model you select.

Continue to the following page to elect your Investment Allocations

Return this form to:

The Johns Hopkins Health System Corporation, c/o Lincoln Retirement Services Co. LLC, 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 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.

Wilmington Trust Company is not an affiliate of Lincoln Financial Group.

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

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Section II Investment Allocation

Option 1: Use Current Elections

(If you complete Option 1, do not complete Option 2 or Option 3.)

Apply to current investment elections on file.

Option 2: Use a LifeSpan® Asset Allocation Model. Please select only one model.

(If you complete Option 2, do not complete Option 1 or Option 3.)

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

Option 3: Determine your own asset allocation percentages.

Fill in your own investment percentages. Your percentages must add up to 100% in increments of 1%.

(If you complete Option 3, do not complete Option 1 or Option 2.)

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

*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 8: Sign your name

- I have read and understand the Investment Information as outlined in Step 7 on the previous page.
- I authorize my transferred assets to be invested in the retirement plan in the manner outlined above.

X
Participant's signature

Date

Please return the completed form to the address indicated on the previous page.