

The Johns Hopkins Health System Corporation 403(b) Plan

# Rollover Request

## Section I Plan Information

PLEASE PRINT CLEARLY

Please check one:  JHH  JHHS  JHBMC

### 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 have investment elections on file and do not correctly complete Section II of this form, your rollover 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 rollover will be deposited into the Qualified Default Investment Alternative designated by your employer.

### 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

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

Amount of rollover:  \$ \_\_\_\_\_ or  \_\_\_\_\_ %

I am requesting a rollover of:

- |   |  |
|---|--|
| <input type="checkbox"/> pre-tax contributions from a 401(k) plan | <input type="checkbox"/> pre-tax contributions from an IRA                     |
| <input type="checkbox"/> pre-tax contributions from a 403(b) plan | <input type="checkbox"/> pre-tax contributions from a 457(b) governmental plan |
| <input type="checkbox"/> pre-tax contributions from a 401(a) plan | <input type="checkbox"/> Roth contributions                                    |

If your rollover includes Roth contributions, indicate total Roth contributions \$ \_\_\_\_\_ and earnings \$ \_\_\_\_\_.

Year of first contribution \_\_\_\_\_.

**Note: Rollovers of pre-tax, after-tax, and Roth contributions are limited to plans/ accounts listed above.**

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

Former employer's name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous Account number(s): \_\_\_\_\_

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: 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 4: 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 \_\_\_\_\_ Date \_\_\_\_\_  
Participant's signature

X \_\_\_\_\_ Agent Code (If Any) \_\_\_\_\_  
RC/Agent/Broker Name

**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*<sup>®</sup> program.

**Return this form to:**

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

## The Johns Hopkins Health System Corporation 403(b) Plan

# Rollover Request

## Section II Investment Information

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First M.I.

### Step 5: Where should your rollover 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*<sup>®</sup> Model your existing balance and all future contributions will be allocated to the *LifeSpan*<sup>®</sup> Model you select.

I understand that transfers and/or withdrawals from the Lincoln Life Fixed Annuity may be restricted to 20% of the account balance during a 12-month period OR that certain withdrawals from the Lincoln Stable Value Account may be restricted by a 90-day equity wash.

**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*<sup>®</sup> 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*<sup>®</sup> 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*<sup>®</sup> 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*<sup>®</sup> 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*<sup>®</sup> 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*<sup>®</sup> 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.

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.

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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.**  
 (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
	<b>Cash and Stable Value Investments</b>		<b>Stock-based Investments, continued</b>
%	Lincoln Fixed Annuity	%	American Funds Growth Fund of Amer A
	<b>Bond-based Investments</b>	%	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
	<b>Balanced Investments</b>	%	Eaton Vance Large-Cap Value I
%	Invesco Van Kampen Equity and Income A	%	Goldman Sachs Mid Cap Value A
	<b>Stock-based Investments</b>	%	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 6: Sign your name

- I have read and understand the Investment Information as outlined in Step 5 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.