

Beneficiary Designation Form
for
The Johns Hopkins Health System Corporation Retirement Plan

Participant Information (please print legibly and complete all information)

NAME (last, first, initial)			SOCIAL SECURITY NUMBER
ADDRESS			DATE OF EMPLOYMENT
CITY	STATE	ZIP	DATE OF BIRTH
MARITAL STATUS (check one): <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED			

A. Beneficiary Designation

Primary Beneficiary

If you wish to designate more than one primary beneficiary, please attach a piece of paper with the following information for each other beneficiary. Unless you indicate otherwise, your death benefit will be divided equally among the primary beneficiaries.

NAME (last, first, initial)		BIRTH DATE
ADDRESS		
CITY	STATE	ZIP
RELATIONSHIP TO PARTICIPANT		SOCIAL SECURITY NUMBER

As a participant in the Plan named above, I hereby designate these individuals as my primary and contingent beneficiaries, to receive any death benefits that may be payable from the Plan if I die prior to the date my pension begins. If I am married and am designating a non-spouse primary beneficiary, my spouse must consent to this designation. I understand that no death benefit will be payable from the Plan if I am not vested at the time of my death.

I have read and understand the "Important Information for Married Participants and their Spouses" and the "Legal Instructions for Designation of Beneficiary" on the reverse of this form.

This designation supersedes any previous designation(s) I have made for the Plan. However, I understand that this designation is not valid if signed before January 1st of the year of my 35th birthday.

Contingent Beneficiary

If you wish to designate more than one contingent beneficiary, please attach a piece of paper with the following information for each other beneficiary. Unless you indicate otherwise, your death benefit will be divided equally among the contingent beneficiaries.

NAME (last, first, initial)		BIRTH DATE
ADDRESS		
CITY	STATE	ZIP
RELATIONSHIP TO PARTICIPANT		SOCIAL SECURITY NUMBER

PARTICIPANT'S SIGNATURE DATE

B. Participant Certification – No Spouse

If you are not married, or are legally separated, you must complete and sign this section.

I hereby certify that I am not now married, or that I am legally separated.

PARTICIPANT'S SIGNATURE DATE

C. Consent of Spouse

If you are married but are designating someone other than your spouse as the primary beneficiary, your spouse must sign this consent and have it notarized.

I hereby approve of, and consent to, the beneficiary designation made by my spouse (the participant) as provided on this form. I understand that I am entitled to receive my spouse's death benefits under the Plan and that I am waiving that right by signing this consent. I also understand that, once given, my consent to that designation cannot be revoked. I further understand that my spouse cannot change the primary beneficiary designation on this form without first obtaining my written consent.

SPOUSE'S NAME

SPOUSE'S SIGNATURE DATE

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____

NOTARY PUBLIC
My commission expires _____ (notary seal)

Please be certain that you have read and understood both the "Important Information for Married Participants and their Spouses" and the "Legal Instructions for Designation of Beneficiary" on the reverse side of this form.

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION RETIREMENT PLAN

Important Information for Married Participants and their Spouses

If a vested participant in the above-named Plan dies before beginning to receive a Plan benefit, his or her surviving spouse will receive a monthly annuity, payable for life. The amount of the annuity would be "actuarially equivalent" to the sum of (1) the benefit the participant had accrued under the Plan's traditional benefit formula, plus (2) the participant's matching account balance (if any) in the Plan. If the participant dies after attaining age 55, the benefit calculated under (1) above would equal the survivor's benefit under the Plan's joint and 100% survivor annuity option. If the participant dies prior to attaining age 55, the benefit calculated under (1) above would equal the survivor's benefit under the Plan's joint and 50% survivor annuity option. Alternatively, the spouse may elect to receive the participant's total vested benefit under the Plan as a lump sum payment.

A participant who has reached January 1st of the year of his or her 35th birthday may, with the written consent of his or her spouse, elect that his or her pre-retirement death benefit will be paid *not* to his or her spouse, but to another person whom the participant designates. A spouse's consent to the participant's designation of a non-spouse Primary Beneficiary must be notarized, and, once given, cannot be revoked. By giving such consent, the spouse will be waiving his or her right to receive a pre-retirement death benefit from the Plan.

Legal Instructions for Designation of Beneficiary

1. If you are married, but have not yet reached January 1st of the year of your 35th birthday, your Primary Beneficiary *must* be your spouse. Until that time, the Plan does *not* permit you to designate a non-spouse beneficiary.
2. Except as explained in instruction #1 above, you may name anyone you wish as beneficiary. However, if you are married and you wish to name someone other than your spouse as your Primary Beneficiary, then your spouse must consent to your designation by completing the section "Consent of Spouse." Your spouse's signature must be witnessed by a notary. (You should know that in most cases a guardian must be appointed by court action before payment of a benefit can be made to a minor.)
3. If you are legally separated (as evidenced by a court order that you must attach to this form and return to the Plan Administrator), you are not required to obtain your spouse's consent to your naming of a different beneficiary, unless a court has issued a "qualified domestic relations order" that says otherwise.
4. If you make an error in entering names, or relationship of beneficiaries, do not make any erasures or changes, simply obtain a new form. Show a beneficiary's own full name, for example: "Mary J. Smith," not "Mrs. John E. Smith."
5. Sign the form in ink, using the signature you normally use on official documents, and enter the date of signing.
6. Be sure to complete a new beneficiary designation in the event of your marriage or divorce; failure to do so may invalidate your previous designation, or result in payment of benefits to unintended recipients.
7. If no beneficiary designation is in effect at the time of your death, the beneficiary will be, in the following order:
 - your spouse (if you are married), or
 - oldest beneficiary designated on the Health System's group term life insurance plan (if you are employed by the Health System at the time of your death), or
 - your oldest descendant, or
 - your oldest parent, or
 - your estate.