

**Beneficiary Designation Form
for the
District 1199E – The Johns Hopkins Hospital Pension 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

NAME (last, first, initial) _____ BIRTH DATE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP _____ SOCIAL SECURITY NUMBER _____	<p>As a participant in the Plan named above, I hereby designate this individual as my Beneficiary, to receive any pension benefit 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 Beneficiary, my spouse must consent to this designation. I understand that <u>no</u> death benefit will be payable from the Plan if I am not vested at the time of my death.</p> <p>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 side of this form.</p> <p>This designation supercedes any previous designation I have made for the Plan. However, I understand that, if I am married, this designation is not valid if signed before January 1st of the year of my 35th birthday.</p>
	PARTICIPANT'S SIGNATURE _____ DATE _____

B. Participant Certification – No Spouse

<p><i>If the participant is not married, or is legally separated, the participant must complete and sign this section.</i></p>	<p>I hereby certify that I am not now married, or that I am legally separated.</p>
	PARTICIPANT'S SIGNATURE _____ DATE _____

C. Consent of Spouse

<p><i>If the participant is married but is designating someone other than the spouse as the Beneficiary, the spouse must sign this consent and have it notarized.</i></p> <p>I hereby approve of, and consent to, the Beneficiary designation made by my Spouse as provided on this form. I understand that I am entitled to receive a Spouse's pre-retirement death benefit under the Plan named above, unless I consent to a different Beneficiary designation. I also understand that the designation on this form has the effect of causing the death benefit under the Plan that would otherwise be payable to me to be paid to the named person. I also understand that, once given, my consent to that designation cannot be revoked. I further understand that my Spouse cannot change the Beneficiary designation on this form without first obtaining my written consent.</p>	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)
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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 DISTRICT 1199E – THE JOHNS HOPKINS HOSPITAL PENSION 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 50% of the reduced monthly benefit that the participant would have received if he or she had terminated employment immediately preceding his or her date of death (or date of actual termination, if earlier) and had elected a 50% joint and survivor annuity option.

A participant who has reached January 1 of the year of his or her 35th birthday may, with the written consent of his or her spouse, elect that the Plan's 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 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 1 of the year of your 35th birthday, your beneficiary **must** be your spouse. Until that time, the Plan does **not** permit you to designate a non-spouse beneficiary.
2. 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 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 your Employer's term life insurance, or
 - your oldest descendant, or
 - your oldest parent, or
 - your estate