

Distribution Request

Please select one: JHH JHBMC JHHS

PART 1 Tell us about yourself	Choose the appropriate title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
	Name:	
	Last	First Middle
	Beneficiary ¹ :	
	Last	First Middle
	Address:	
	Street	
	City	State ZIP
	SS#:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Not married
	Birthdate:	Date of Hire:
Daytime phone: ()	Evening phone: ()	
¹ Complete this only if the beneficiary is applying for distribution because the employee has died.		

PART 2 Why do you want to take out this money?	<input type="checkbox"/> Retirement as of: _____	<input type="checkbox"/> Age 59½ in-service distribution
	<input type="checkbox"/> Severance from employment as of: _____	<input type="checkbox"/> Hardship
	<input type="checkbox"/> Disability as of : ² _____	<input type="checkbox"/> Required minimum distribution at age 70½ or retirement, if later
	<input type="checkbox"/> Death as of : ³ _____	<input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> 403(b) only pre-1989	
	² Attach proof of disability, ie: Social Security certificate ³ Attach copy of certified death certificate	
If you are a married participant and are requesting a withdrawal, your spouse must sign the waiver included in this form electing not to receive your benefit in the form of a qualified joint and survivor annuity.		

PART 3 How do you want to receive your Employee Elective Deferrals or Rollover Account Distribution?	I understand the options available and any applicable taxes and penalties. I hereby choose to:
	<input type="checkbox"/> Receive an annuity payout. (Please see your Lincoln Retirement Consultant for appropriate forms and options available under your plan.)
	<input type="checkbox"/> Receive a lump sum distribution payable to me on or after my date of termination (20% mandatory federal withholding will apply).
	<input type="checkbox"/> Receive a partial withdrawal payable to me (20% mandatory federal withholding will apply).
	<input type="checkbox"/> Request a direct rollover of my account balance to:
	<input type="checkbox"/> 403(b) plan
	<input type="checkbox"/> Qualified retirement plan — 401(a) or 401(k) plan
	<input type="checkbox"/> 457(b) governmental plan
	<input type="checkbox"/> Individual Retirement Account or Annuity (IRA)
	<input type="checkbox"/> Lincoln Life IRA funded with a Lincoln Life Single Premium Immediate Annuity (SPIA), which will pay out an annuity benefit for the period I choose.
Complete the following if electing a direct rollover:	
Name of institution: _____	
Address: _____	
Street	
City State ZIP	
Account number: _____	
Name of plan (if applicable): _____	

PART 4 How much money do you want to take out?	<p>The requested benefit(s) will be provided by:</p> <p><input type="checkbox"/> Withdrawing the total amount from: <input type="checkbox"/> Employee Elective Deferrals <input type="checkbox"/> Rollover Account Contributions</p> <p><input type="checkbox"/> Withdrawing a part of the money from Employee Elective Deferrals in the amount of \$ _____ or _____% on a pro rata basis from the investment options</p> <p><input type="checkbox"/> Withdrawing a part of the money from the Rollover Account Contributions in the amount of \$ _____ or _____%</p>
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PART 5 Read this important tax information	<p>Mandatory Federal Withholding</p> <ul style="list-style-type: none"> The federal income tax law requires mandatory federal withholding of 20% from most lump sum distributions and certain other types of distributions from qualified plans; however, the law provides that you can choose not to have tax withheld, if the payment is not an “eligible rollover distribution.” The portion of your distribution that is the “required minimum distribution” is not subject to the 20% mandatory federal withholding, and you may choose voluntary withholding. For more information, read the Special tax notice. <p>Federal Withholding Election</p> <ul style="list-style-type: none"> If any portion of your payment is not an eligible rollover distribution and it is taxable, the mandatory withholding rule described above does not apply. In this case, you may choose not to have withholding apply to that portion (for example, required minimum distribution or nonspousal beneficiary requesting a death benefit). For more information, read the Special tax notice. <p>If applicable, select voluntary withholding below:</p> <p><input type="checkbox"/> I choose to have 10% federal income tax withheld.</p> <p><input type="checkbox"/> I choose not to have 10% federal income tax withheld.</p> <p>State Withholding Election</p> <ul style="list-style-type: none"> If you are a resident of Iowa, Kansas, Maine, Massachusetts, Oklahoma, or Virginia and federal income tax is withheld, state income tax will be withheld at a rate specified by your state. If you are a resident of California, North Carolina, Oregon, or Vermont and federal income tax is withheld, state income tax will be withheld unless you check the box below. <ul style="list-style-type: none"> <input type="checkbox"/> Do not withhold state income tax. (only applicable for the states of California, North Carolina, Oregon, or Vermont.) <p>If you choose not to have taxes withheld, you are responsible for paying the income tax on the taxable portion of your distribution. You may also be responsible for payment of estimated tax and any penalties if estimated tax payments are not sufficient.</p> <p>In most cases, premature distributions before age 59½ are subject to an additional 10% excise tax and cannot be withheld at the time of distribution.</p>
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PART 6
Notification of qualified joint and survivor annuity
(The spouse's signature must be witnessed by either a notary public or your plan administrator)

In accordance with ERISA, your plan provides that your benefits will be paid in the form of a qualified joint and survivor annuity unless you elect, with your spouse's written consent, another form of benefit payment. The qualified joint and survivor annuity form of payment provides you with a monthly payment for your life, and, upon your death, provides a monthly payment for your spouse equal to not less than 50% and not more than 100% of the monthly payment you received prior to your death.

Because your spouse will receive a survivor payment, the relative financial effect of the qualified joint and survivor annuity is to reduce the monthly payments you would otherwise have received had payments been made to you as a single life annuity.

You may elect, with your spouse's consent, not to receive your benefits in the form of a qualified joint and survivor annuity. This election is made during the 90-day period ending on the date your benefits are due to begin.

Your spouse's consent must be in writing and must be witnessed by a plan representative or notary public. You may revoke the qualified joint and survivor annuity election before your benefits commence, and, if you desire, make a new election.

It is important that you understand your rights and obligations regarding the qualified joint and survivor annuity form of payment and the alternative form of payment.

Questions concerning the qualified joint and survivor annuity should be directed to the attention of the plan administrator.

By signing below, you, the spouse, consent to the election by your spouse to waive the qualified joint and survivor annuity form of payment and/or the election to an immediate distribution of the benefit. You further acknowledge that the qualified joint and survivor annuity has been explained to you and you understand the effect of such election.

X _____ Date _____
 Spouse's signature

Notary public signature:		or	Plan administrator signature:	
Subscribed and sworn before me this _____ day of _____, in the year _____.			Plan administrator's signature _____	
Notary public's signature _____			Date: _____	
State of: _____				
Date commission expires: _____				

PART 7
Sign your name

By signing below, I certify that I:

- understand and assume full responsibility for meeting the federal tax law requirements to qualify for this distribution
- understand the financial effect of any election I have made
- understand that my election will be irrevocable once my benefit payments have commenced
- have read and understand the **Special tax notice** and waive the required 30-day notice period before receiving my distribution, if applicable
- acknowledge that I have received an explanation of the benefits available to me and understand the information provided
- request to have this transaction processed immediately.

X _____ Date _____
 Participant's signature (or beneficiary's signature, if the participant has died)

PART 8 To be completed by your plan administrator	<p><i>Note: The Plan Administrator's signature is not required for a Hardship Withdrawal</i></p> <p>I hereby:</p> <ul style="list-style-type: none"> • Certify that the participant has been given the Special tax notice, which explains the rollover rules, the special tax treatment available to lump sum distributions, the direct rollover option and the mandatory income tax withholding rules. • Certify that the above participant's request for benefits is authorized by and is in compliance with all provisions of the retirement savings plan. • Direct Lincoln Financial Group to proceed with the benefit choices specified on this form. • Also confirm that 100% of the account balance is available to the participant for withdrawal unless noted below: Limited availability of funds: <ul style="list-style-type: none"> <input type="checkbox"/> \$ _____ or _____% of employer funds are available for withdrawal. <input type="checkbox"/> \$ _____ of employee funds are available for hardship withdrawal. <input type="checkbox"/> Participant vested _____% at time of withdrawal. <input type="checkbox"/> Participant has _____years of service at time of withdrawal. <p style="text-align: right;">Date: _____</p> <p>Plan administrator's signature _____</p>
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Return this form to:	Johns Hopkins Health System c/o Lincoln Retirement Services Co. 3800 N. Wilke Road, Suite 250 Arlington Heights, IL 60004-9915	-or-	Your designated Lincoln Retirement Consultant
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