

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

## Distribution Request

### Select one

JHH  JHBMC  JHHS

### Tell us about yourself

Choose the appropriate title:  Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First Middle

Beneficiary/  
Alternate Payee<sup>1</sup>: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Birth date: \_\_\_\_\_ Date of hire: \_\_\_\_\_ Daytime phone: ( ) \_\_\_\_\_ Evening phone: ( ) \_\_\_\_\_

Married  Not married Occupation: \_\_\_\_\_ Work hours: \_\_\_\_\_

<sup>1</sup> Complete this entire section with the personal information of the Beneficiary (in the event the participant is deceased) or alternate payee applying for distribution.

### Why do you want to take this money out?

- |   |  |
|---|--|
| <input type="checkbox"/> Retirement as of: _____                                  | <input type="checkbox"/> Required minimum distribution at age 70½ or retirement, if later  |
| <input type="checkbox"/> Severance from employment as of: _____                   | <input type="checkbox"/> Rollover account withdrawal   |
| <input type="checkbox"/> Total and permanent disability as of: <sup>2</sup> _____ | <input type="checkbox"/> Qualified military reservist distribution   |
| <input type="checkbox"/> Death as of: <sup>3</sup> _____                          | <input type="checkbox"/> Age 59½ in-service distribution   |
| <input type="checkbox"/> Hardship <sup>4</sup>                                    | <sup>2</sup> Attach proof of disability  |
| <input type="checkbox"/> 403(b) only pre-1989                                     | <sup>3</sup> Attach certified copy of death certificate  |
| <input type="checkbox"/> Roth 403(b) Account Withdrawal                           | <sup>4</sup> You must also complete and submit the Hardship Distribution Checklist, along with any documentation the checklist may prompt you to provide           |
| <input type="checkbox"/> 90-Day permissive withdrawal <sup>5</sup>                | <sup>5</sup> For Auto-Enrollment purposes only. You must also complete the Election to Decline Participation in the 403(b)/401(k) Plan and submit to your Employer |

If you are a married participant and are requesting a withdrawal, your spouse must sign a waiver, in the notification of qualified joint and survivor annuity section of this form, electing not to receive your benefit in the form of a Qualified Joint and Survivor Annuity.

### How do you want to receive this money?

I understand the options available and any applicable taxes and penalties. I hereby choose to:

- Receive an annuity payout.  
(Please see your Lincoln Retirement Consultant for appropriate forms and options available under your plan).
- Receive a lump sum distribution payable to me on or after my date of termination (20% mandatory federal withholding will apply).
- Receive a partial withdrawal payable to me. (Refer to the Special Tax Notice section of this form for applicable withholding).
- Receive a hardship withdrawal payable to me.
- Lincoln Life Single Premium Immediate Annuity (SPIA), which will pay out an annuity benefit for the period I choose.
- Request a direct rollover of \$ \_\_\_\_\_ or \_\_\_\_\_ % of my vested account balance to:
- 403(b) plan.
  - Qualified retirement plan Examples of Qualified Retirement Plans: 401(a), 401(k).
  - 457(b) governmental plan.
  - Individual Retirement Account or Annuity (IRA).
  - Roth IRA.

#### Complete the following if electing a direct rollover:

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Account number: \_\_\_\_\_

Name of plan (if applicable): \_\_\_\_\_

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## How much do you want to take out?

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The requested benefit(s) will be provided by:

- Withdrawing the total amount
- Withdrawing a part of the money in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % on a pro rata basis from the investment options.

**For partial withdrawals:** You may request an additional amount over and above the withdrawal amount noted above to cover taxes and any 10% penalty (if you are under age 59 ½) by making that election below. Your request may not be honored if the amount of your request, taxes withheld and 10% penalty exceeds the amount available for withdrawal.

- Tax Withholding
- 10% penalty tax

**Note:** If insufficient amounts are available to cover this additional request, we will attempt, in the following order, to (1) provide the withdrawal amount requested above, (2) cover the tax withholding and (3) increase withdrawal amount to cover tax penalty.

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## Read this important tax information

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### INCOME TAX WITHHOLDING

#### A. Federal Tax Withholding Mandatory

Mandatory federal tax withholding of 20% applies to:

- Any distribution taken in cash that would otherwise be eligible for rollover. See **Special Tax Notice**, Part 1 for distributions that meet this description.

**Mandatory 20% withholding, or increase to \_\_\_\_\_ %.** (may not be lower than 20%)

*If no selection is made, mandatory 20% will be withheld.*

#### B. Exceptions to Federal Income Tax Withholding

Federal tax withholding of 10% applies to distributions that are not eligible for rollover unless you elect to have no withholding apply:

- Financial Hardship Distribution.
- Required Minimum Distribution (RMD) - Please note: Any withdrawal amount, which exceeds the required minimum distribution dollar amount is subject to 20% mandatory federal tax withholding.
- Certain non-spouse beneficiary payments – Only applies to distributions occurring in plan years beginning on or before December 31, 2009. For plan years beginning after December 31, 2009, such distributions will be subject to mandatory 20% withholding.

If you elect not to have taxes withheld, you will still be liable for payment of federal and state income tax, if applicable, at the time you prepare your personal tax filing. You may also be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, are not adequate. You may wish to discuss your withholding election with a qualified tax advisor.

- You elect NOT to withhold the 10% federal tax** – If you check this box, Lincoln Financial Group will withhold 0% federal tax on distributions due to financial hardship distribution, required minimum distribution, and certain non-spouse beneficiary payments.
- You elect to withhold 10% federal tax** – Lincoln Financial will withhold 10% federal tax on distributions due to financial hardship distribution, required minimum distribution and certain non-spouse beneficiary payments.

To elect withholding of more than 10%, please list \_\_\_\_\_ %.

*If no selection is made, a 10% federal withholding tax will be withheld.*

#### C. State Tax Withholding

Lincoln Financial may be required to withhold state tax from your distribution based upon state tax law for your state of residency. In order to assist us with this, please provide your state of residence in the space below.

State of Residence: \_\_\_\_\_

Depending on your state of residence, you may elect not to have withholding apply, or if withholding is required, you may elect to increase the minimum rate of withholding. In other cases, state tax withholding is not available.

The following choices apply only if your state provides for income tax withholding. If your state mandates a higher amount of income tax withholding than you elect (including if you elect no income tax withholding), we will withhold the higher amount. We recommend that you contact your tax advisor before making any tax withholding elections to answer any questions that you may have regarding your state's withholding laws.

- You elect not to withhold state income tax.
- You elect to withhold state income tax at the rate designated by state withholding authorities.
- You elect an additional amount or percentage of state tax withholding:

\$ \_\_\_\_\_ or \_\_\_\_\_ %

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## How would you like to receive your payment?

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**Note: You'll be paid via a check unless you provide other instructions. If you have requested a direct rollover, do not complete this section, a check will be mailed to the institution.**

The requested method of payment should be:

- A Check (to be mailed to address provided by the participant, beneficiary, or alternate payee indicated in the first section of this form.)  
 Direct Deposit

For direct deposit, the following information is required:

Name as it appears on account \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
Bank Transit/ ABA number (9 digit number) \_\_\_\_\_  
Account # \_\_\_\_\_

Select One (Voided check required):

- Checking       Savings
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## Important Information

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- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
  - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
  - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
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## Sign your name

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- I have read the **Important Information** section and understand the implications said.
- I acknowledge that I have 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.
- I have read and understand the **Special Tax Notice** and waive the required 30-day notice period before receiving my distribution, if applicable. I request to have this transaction processed immediately.
- By signing below, you certify that you understand and assume full responsibility for meeting the federal tax law requirements to qualify for this distribution.

**X**

Participant / beneficiary (if participant is deceased) / or alternate payee ( for QDRO requests)

\_\_\_\_\_ Date

If you move during the year in which you take distribution, you must contact us and provide your new address; otherwise, you may not receive your Form 1099R

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## Notification of qualified joint and survivor annuity

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- 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.
- I have read the Important Information section and understand the implications stated.
- 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**

Spouse's signature (The spouse's signature must be witnessed by either a notary public or your plan administrator.)

\_\_\_\_\_ Date

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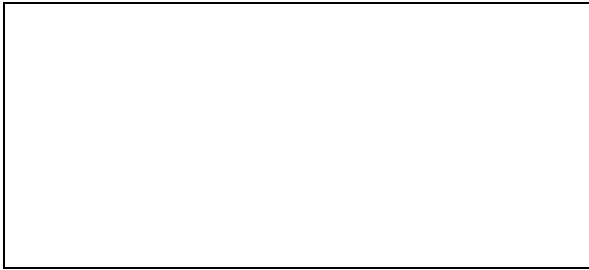
**Notary public signature:**

**or Plan administrator signature:**

Subscribed and sworn  
before me this \_\_\_\_\_  
day of \_\_\_\_\_, in the year \_\_\_\_\_.

Plan administrator's signature

Date: \_\_\_\_\_



Notary public's signature

State of: \_\_\_\_\_

Date commission expires: \_\_\_\_\_

**To be completed by your plan administrator**

I hereby:

- I have read the **Important Information** section and understand the implications stated.
- Certify that the above participant's request for benefits is authorized by and 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:**

- \$ \_\_\_\_\_ or \_\_\_\_\_% of employer funds are available for withdrawal.
- \$ \_\_\_\_\_ of employee funds are available for hardship withdrawal.
- Participant vested \_\_\_\_\_% at time of withdrawal.
- Participant has \_\_\_\_\_ years of service at time of withdrawal.

**X**

Plan administrator's signature (not required for an age 591/2 or hardship distribution)

Date

**Return this form to:** Your designated Lincoln Retirement Consultant

**OR**

**Mail this form to:** Johns Hopkins Health System, c/o Lincoln Retirement Services Co., PO Box 7876, Fort Wayne, IN 46801-7876

**Fax this form to:** Johns Hopkins Health System, c/o Lincoln Retirement Services Co. at 260-455-9975

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