

## Important Information About Your Plan

### Your contribution amount

By enrolling in The Johns Hopkins Health System Corporation 403(b) Plan, you understand and agree that:

- The employer will reduce your pay by the amount you indicated per pay period.
- The employer will send this amount to the provider as contributions toward your retirement plan.
- The first payroll deduction will take place as directed by your employer, which is described in the plan highlights or the summary plan description provided by your employer.
- While employment continues, this agreement legally binds both you and the employer for amounts deferred until a change is submitted.
- This agreement will apply only to amounts not yet currently available to you. It will not apply to any amounts earned after the agreement is terminated.

### Your beneficiary designations

By enrolling in The Johns Hopkins Health System Corporation 403(b) Plan, you understand and agree that:

- The beneficiary designation provided on the enrollment form applies only to your *Lincoln Alliance*<sup>®</sup> program assets in The Johns Hopkins Health System Corporation 403(b) Plan and does not supersede beneficiary designations made under this plan for investments held in non- *Lincoln Alliance*<sup>®</sup> program investment products.
- If you do not name a beneficiary or if no beneficiary survives you, all death benefits will be paid according to the retirement plan document provisions or applicable state regulations.
- Your primary beneficiary will receive the entire value of the account. If there are several surviving primary beneficiaries, the account value will be divided equally among them, unless specified otherwise.
- Your secondary beneficiary will receive the entire value of the account if no primary beneficiary is living. If there are several surviving secondary beneficiaries, the account value will be divided equally among them, unless specified otherwise.
- Based on federal law, if you are married and you name a primary beneficiary other than your spouse, you must complete the Spousal Waiver Form provided with your enrollment materials.

### Your investment options

By enrolling in The Johns Hopkins Health System Corporation 403(b) Plan, you understand and agree that:

- Your employer recommends that you review your enrollment materials completely before deciding to participate and making your investment elections.
- If you decide to participate and don't provide investment choices on the enrollment form, your contributions will be invested in the default investment option selected by your employer. You will be able to transfer those assets to other investment options within your program after the enrollment period ends.

Before signing up for **Automatic Rebalancing** you have read and understand that:

- This rebalancing is accomplished by having assets automatically transferred among your investment options on a fixed schedule.
- If you determined your own asset allocation percentages and requested automatic rebalancing, but do not provide a start date automatic rebalancing will commence on the 15<sup>th</sup> of the month following receipt of the form. Your portfolio will be automatically readjusted using the frequency you selected.
- If you elected a *LifeSpan*<sup>®</sup> model or signed up to have your account automatically rebalanced, the assets from any rollover or transfer will be included with your current asset balance and will be rebalanced accordingly to the current investment selection.
- Rebalancing is not available for Self-directed Brokerage Accounts.

### Your distribution restrictions

By enrolling in The Johns Hopkins Health System Corporation 403(b) Plan, you indicate that you have read and understand any applicable distribution restrictions outlined in the plan highlights section of the enrollment materials.