

Vanguard Retirement Plan Enrollment and Change Form

for Section 403(b)7 Custodial Accounts



Johns Hopkins University

Plan # 090078

Select Plan(s): Faculty & Sr. Staff Staff Vol. Income Deferral Pl. (Residents, Interns, Postdocs)

1. Account Information

Check one: New Enrollment Change

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First Name

Middle Initial

Last Name

-	-	
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Social Security Number

/	/	
---	---	--

Date of Birth (mm/dd/yyyy)

/	/	
---	---	--

Date of Hire (mm/dd/yyyy)

/	/	
---	---	--

Plan Entry Date (mm/dd/yyyy)

Mailing Address

Must provide a complete street address. No P.O. Box address will be accepted.

Street Address (no P.O. box)	
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City	State	Zip Code
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Day Time Phone Number

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Evening Phone Number

2. Investment of Contributions

Future contributions to the Vanguard Section 403(b)7 Custodial Account on behalf of the Employee shall be invested in the Vanguard Funds as follows:

Fund Name	Allocation	Fund Name	Allocation
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Your allocations must equal 100%

100



3. Beneficiary Designation

It is important to name a beneficiary. If you don't, your assets may be distributed based on rules that do not reflect your intentions. Additionally, your designation usually supersedes any other instructions, such as those in your will.

If you prefer, you can designate your beneficiaries online at www.vanguard.com. The online process is faster, easy and secure. If you use this form, this designation will apply to the plan(s) listed above. If you want to designate different beneficiaries by plan(s), please complete another form and circle the applicable plan(s) on each form.

Complete Sections 1, 2, 3 and 4. Only if applicable, complete Section 5. Mail to: Vanguard, P.O. Box 1101, Valley Forge, PA 19482.

3a. Current Marital Status *Check one.*

Married

I understand that if I do not name my spouse as my sole primary beneficiary in Section 3, my spouse must consent to my chosen beneficiary(ies) in the presence of a notary public and complete Section 5.

Unmarried

I understand that if I marry in the future, my spouse will be my primary beneficiary, unless I complete a new Beneficiary Designation and my spouse consents to a different beneficiary in the presence of a notary public.

The percentage of distribution upon your death for all primary beneficiaries must equal 100%; likewise, for contingent beneficiaries. If you need more space to list additional beneficiaries, photocopy the applicable pages or provide all the information requested on a separate sheet.

If any of your primary beneficiaries is deceased at the time of your death, his or her portion of your assets will be divided proportionately among your surviving primary beneficiaries, if any. Your contingent beneficiary(ies) will inherit your assets only if you have no surviving primary beneficiaries at the time of your death.

Primary Beneficiaries

Beneficiary Type

Choose all that apply.

Spouse

Individual(s)

Trust(s)

My Estate

To the trustee of an existing trust created under agreement

To the trustee of a trust created under my last will

Section of Will

Complete all applicable fields below.

1)			MM/DD/YYYY		%																			
	Full Name (First, Middle, Last) or Trust Name	Relationship to me	Birth or Trust Date	Percent																				
	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">OR</td> <td style="border: 1px solid black; width: 100%;">Street or P.O. Box</td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 2px;">Last Four Digits of SSN</td> <td></td> <td style="border: 1px solid black; width: 100%;">City, State, Zip</td> </tr> <tr> <td colspan="4"></td> <td></td> <td style="border: 1px solid black; width: 100%;">Country (if not U.S.)</td> </tr> </table>					OR	Street or P.O. Box	Last Four Digits of SSN					City, State, Zip						Country (if not U.S.)					
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				Total 100%	Percentages must total 100%.																			

Contingent Beneficiaries Contingent beneficiaries receive distributions only if no primary beneficiaries survive you.

Beneficiary Type
Choose all that apply.

- Spouse Individual(s) Trust(s) My Estate
- To the trustee of an existing trust created under agreement
 To the trustee of a trust created under my last will

Section of Will

Complete all applicable fields below.

1)	<input style="width: 95%;" type="text"/> <small>Full Name (First, Middle, Last) or Trust Name</small>	<input style="width: 95%;" type="text"/> <small>Relationship to me</small>	<input style="width: 95%; background-color: #f0f0f0;" type="text" value="MM/DD/YYYY"/> <small>Birth or Trust Date</small>	<input style="width: 95%; text-align: right;" type="text"/> % <small>Percent</small>
	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> </div> OR <input style="width: 90%;" type="text"/> <small>Street or P.O. Box</small> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> <input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/><input style="width: 20px; height: 20px;" type="text"/> </div> Last Four Digits of SSN </div> <div style="display: flex; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; flex: 2;"> <input style="width: 95%;" type="text"/> <small>City, State, Zip</small> </div> <div style="border: 1px solid black; padding: 2px; flex: 1;"> <input style="width: 95%;" type="text"/> <small>Country (if not U.S.)</small> </div> </div>			
2)	<input style="width: 95%;" type="text"/> <small>Full Name (First, Middle, Last) or Trust Name</small>	<input style="width: 95%;" type="text"/> <small>Relationship to me</small>	<input style="width: 95%; background-color: #f0f0f0;" type="text" value="MM/DD/YYYY"/> <small>Birth or Trust Date</small>	<input style="width: 95%; text-align: right;" type="text"/> % <small>Percent</small>
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3)	<input style="width: 95%;" type="text"/> <small>Full Name (First, Middle, Last) or Trust Name</small>	<input style="width: 95%;" type="text"/> <small>Relationship to me</small>	<input style="width: 95%; background-color: #f0f0f0;" type="text" value="MM/DD/YYYY"/> <small>Birth or Trust Date</small>	<input style="width: 95%; text-align: right;" type="text"/> % <small>Percent</small>
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Total
100%

Percentages must total 100%.

4. Spousal Consent This is required in order to designate someone other than your spouse as a primary beneficiary.

I, the undersigned spouse of the Account Owner named in Section 1, voluntarily consent to my spouse's waiver of the QPSA form of payment and to the beneficiaries named by my spouse in Section 3. I acknowledge that I have received an explanation of the terms of the QPSA (see next page for terms), my right not to consent to my spouse's waiver, and the effect of my spouse's waiver of benefits in the QPSA form of payment. I understand that my consent is irrevocable unless my spouse revokes the waiver election.

I, the undersigned spouse of the Account Owner named in Section 1, hereby voluntarily consent to the designation in Section 3 of a primary beneficiary other than me.

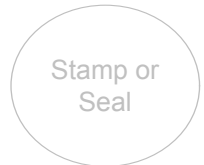
Spouse's Name	Spouse's Signature	Date (mm/dd/yyyy)
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Notary

I _____, a notary public, do hereby certify that _____ did personally appear before me and did acknowledge that she/he signed this Spousal Consent as her/his free act and deed. Subscribed and sworn to before

me this _____ day of _____, _____ .

Notary Public Signature My commission expires _____



5. Acceptance and Authorization Please sign the application below and return the form and Salary Reduction Agreement to JHU's Benefit's Service Center for review.

(A) Employee Acceptance: I hereby agree to the terms and conditions of the Vanguard 403(b)(7) Custodial Account Agreement.

Signature: _____ **Date:** _____

(B) Custodian Acceptance: Vanguard Fiduciary Trust Company hereby accepts its appointment as Custodian under the Vanguard Section 403(b)(7) Custodial Account Agreement for the benefit of the Employee named above, and hereby agrees to the terms and conditions of such Agreement.

Authorized Signature:  _____ **Title:** Secretary

Explanation of Terms of the Qualified Pre-Retirement Survivor Annuity (QPSA)

Qualified Pre-Retirement Survivor Annuity (QPSA) Notice to Married Participants

As required by federal law and the terms of the Plan named on this form, the Plan will distribute a qualified pre-retirement survivor annuity ("QPSA") to your surviving spouse if you die before your benefit payments commence under the Plan, unless you waive this form of payment and your spouse consents to that waiver. The plan trustee will distribute the QPSA by using your non-forfeitable account balance to purchase an annuity contract from an insurance company for your surviving spouse, and your spouse may elect to receive distribution of the QPSA benefit following your death. Under the QPSA, your surviving spouse will receive a lifetime level monthly payment.

The actual level monthly payments made under the QPSA will depend on the annuity purchase rate used by the insurance company, your surviving spouse's age at the time the distribution begins, and the amount of your vested account balance at the time that the annuity contract is purchased. Your surviving spouse may elect to receive the portion of your vested account balance payable as a QPSA as a lump-sum distribution or in installment payments, in lieu of the QPSA. If, at the time of your death, your non-forfeitable account balance is not greater than \$5,000, the plan trustee will make a lump-sum distribution to your surviving spouse in lieu of providing the QPSA benefit.

You may waive the QPSA benefit at any time during the QPSA election period. This is the period beginning on the first day of the Plan Year that you reach age 35 and ending on the date of your death. If you waive the QPSA benefit prior to attaining age 35, you will need to make another waiver after your 35th birthday. Please note that the waiver election is valid only for the spouse consenting to the waiver, so you would need to complete a new waiver if you should remarry.

In order to waive the QPSA benefit or designate a beneficiary other than your spouse, you must complete the waiver election on this form, and your spouse must consent to the waiver by signing the spousal consent. A notary public must witness your spouse's signature. Your decision to accept or waive the QPSA will not affect your retirement benefit under the Plan. There is no reduction or increase in your retirement benefit as a result of your election to waive or not waive the QPSA benefit.

The following notice below to your spouse explains the effect of the QPSA benefit.

Qualified Pre-Retirement Survivor Annuity (QPSA) Notice to Spouse

What is a QPSA? Your spouse has an account in the Plan. The money in the account that your spouse will be entitled to receive is called the vested account. Federal law states that you, as spouse of the participant in the Plan, will receive a special death benefit that is paid from the vested account if your spouse dies before he or she begins receiving retirement benefits (or, if earlier, before the beginning of the period for which the retirement benefits are paid). You have the right to receive this death benefit in the form of an annuity payable for your life beginning after your spouse dies. The special death benefit is often called a "qualified pre-retirement survivor annuity" or QPSA benefit. If the value of this benefit is \$5,000 or less, the Plan may pay this benefit to you in a lump-sum, rather than a QPSA.

Can Your Spouse Choose Other Beneficiaries to Receive the Account? Your right to the QPSA benefit is provided by federal law and cannot be taken away unless you agree to give up that benefit. If you agree, your spouse can choose to have all or part of the death benefits paid to someone else. The person your spouse chooses to receive the death benefits is usually called the "beneficiary". For example, if you agree, your spouse can have the death benefits paid to his or her children instead of you.

Do You Have to Give Up Your Right to the QPSA Benefit? Your choice must be voluntary. It is your personal decision whether you want to give up your right to the special QPSA payment form.

Can Your Spouse Change the Beneficiary in the Future If You Sign this Form? If you sign this form, your spouse cannot change the beneficiary named in this form unless you agree to the new beneficiary by signing a new form. If you agree, your spouse can change the beneficiary at any time before your spouse begins receiving benefits or dies. You do not have to agree to let your spouse change the beneficiary. However, your spouse can select the QPSA benefit for you without getting your agreement.

Can You Change Your Mind After You Sign this Form? You cannot change this agreement after you sign this form. Your decision is final.

What Happens to this QPSA Beneficiary Designation Form If You Become Separated or Divorced? You may lose your right to the QPSA benefit if your spouse and you become legally separated or divorced even if you do not sign this QPSA Beneficiary Designation Form. However, if you become legally separated or divorced, you might be able to get a special court order (which is called a qualified domestic relations order or "QDRO") that specifically protects your rights to receive the QPSA benefit or that give you other benefits under the Plan. If you are thinking about separating or getting a divorce, you should get legal advice on your rights to benefits from the Plan.