

THE JOHNS HOPKINS UNIVERSITY SUPPORT STAFF PENSION PLAN

QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY NOTICE

If you are married and die before you begin receiving retirement benefits under The Johns Hopkins University Support Staff Pension Plan (the "Plan"), federal law requires that a Qualified Pre-Retirement Survivor Annuity ("QPSA") will be provided to your surviving spouse. The QPSA benefit is an annuity for the life of your spouse. Initially, your spouse will receive the same monthly payments you would have received under a Joint and Survivor Annuity had your date of death been the date you retired. These payments continue for 10 years, after which time your spouse's monthly payments will be reduced by 50%. The Plan will pay this benefit in a lump sum, rather than a QPSA, if the value of the death benefit is \$5,000 or less.

If you are still actively employed after your Normal Retirement Date (the first day of the month coincident with or next following the day on which you turn age 65), you may elect to waive the QPSA, and elect to have all or part of the death benefit paid to someone else, only if your spouse consents in writing to that election. Your spouse's right to the QPSA benefit provided by federal law cannot be taken away unless your spouse agrees, and that choice must be voluntary. It is your spouse's personal decision whether he or she wants to give up the rights to the special QPSA payment form.

Legal separation or divorce may end your spouse's right to a QPSA even if he or she does not sign this waiver. However, if you become legally separated or divorced, your spouse might be able to get a special court order (which is called a qualified domestic relations order or "QDRO") that specifically protects his or her rights to the QPSA. If you are thinking about separating or getting a divorce, you should get legal advice on your rights to benefits from the Plan.

It is important that you and your spouse understand your rights concerning your death benefit under the Plan. If you have any questions, please contact the Johns Hopkins University Benefits Service Center by e-mail at benefits@jhu.edu or by calling 410-516-2000.

THE JOHNS HOPKINS UNIVERSITY SUPPORT STAFF PENSION PLAN
SPOUSAL CONSENT TO WAIVE QUALIFIED PRE-RETIREMENT SURVIVOR
ANNUITY

PARTICIPANT INFORMATION

Participant's Name: _____

Social Security Number: _____

Current Mailing Address: _____

Date of Birth: _____

SPOUSAL CONSENT TO WAIVE QUALIFIED PRE-RETIREMENT SURVIVOR
ANNUITY

I am the spouse of the Participant listed above. I certify that I have read the attached *Qualified Pre-Retirement Survivor Annuity Notice* and I understand the effect of consenting to the designation of a Beneficiary other than myself. I hereby voluntarily and irrevocably consent to the attached Designation/Change of Beneficiary as specified below. I understand that I am not required to consent and that, if I do not consent, under the Plan and applicable law, I will be entitled to receive, upon the above Participant's death, an annuity payable for my lifetime, unless I elect another form of benefit.

Please check the appropriate box:

- This consent is limited to the death benefit Beneficiary/ies designation on the attached Designation/Change of Death Beneficiary form.

- I hereby give general consent to any Beneficiary/ies designation that my spouse might now or hereafter make. I acknowledge that I have the right to limit my consent to a specific Beneficiary/ies and I voluntarily elect to relinquish that right.

Date

Spouse's Signature

Print Spouse's Full Name

The spouse's signature must be notarized:

Notary Public:

SUBSCRIBED TO BEFORE ME, a Notary Public, this ____ day of ____, 20__.

(SEAL)

Witnessed: _____

State of: _____

My Commission Expires: _____

MAIL COMPLETED FORM TO:

Office of Benefits Services
Johns Hopkins at Eastern
1101 East 33rd Street, Suite C020
Baltimore, MD 21218

**Johns Hopkins University
Support Staff Pension Plan
Designation/Change of Beneficiary**

Participant's Name	Social Security Number
Participant's Address	

SECTION I – DESIGNATION/CHANGE OF BENEFICIARY

A. Single Participants

I am single – In accordance with the provisions of the Plan, I hereby

Designate the following beneficiary(ies):

Change my beneficiary to the following person(s):

Beneficiary Information

Name _____ Relationship _____ %

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Name _____ Relationship _____ %

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

I understand that if I marry, my spouse will automatically become my beneficiary. If I then want to designate a beneficiary other than my spouse, my spouse must give written consent to that designation.

Participant's Signature

Date

B. Married Participants

The designation of a beneficiary other than your spouse may be made under the following circumstances: (1) once you become entitled to a retirement benefit under the Plan after termination of employment and in conjunction with the election of an optional form of benefit payment under the Plan and (2) after your Normal Retirement Date if you remain employed after that date.

I am married – In accordance with the provisions of the Plan, I hereby

Designate the following beneficiary(ies):

Change my beneficiary to the following person(s):

Beneficiary Information

Name _____ Relationship _____ %

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Name _____ Relationship _____ %

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Designation/Change of Beneficiary

NOTE: For a participant whose termination of employment occurred on or after August 23, 1984, the following shall apply: If the above named beneficiary is not the Participant's spouse, the Participant's spouse **MUST** sign SECTION II – Spousal Consent.

Participant's Signature

Date

Unless otherwise provided herein, if more than one beneficiary is named, payments shall be made in equal shares to the beneficiaries, who survive the Participant. If no beneficiary survives the Participant or if there is no name on file, payment shall be made in accordance with the provisions of the Plan. The right to further change the beneficiary is reserved to the Participant without consent of the beneficiary, unless the Participant is married, then written spousal consent must be obtained.

THIS DESIGNATION SUPERSEDES ANY OTHER THAT MAY HAVE BEEN PREVIOUSLY MADE

SECTION II – SPOUSAL CONSENT

If the Participant's termination of employment occurred on or after August 23, 1984, and the Participant is married, this Spousal Consent Section **MUST** be completed. If the Participant is not married on his/her retirement date, Spousal Consent is not needed for changes made subsequent to the retirement date.

I consent to the specific beneficiary(ies) named on this Form. I understand that if I do not sign here, I will receive my spouse's death benefits, if any, if I am married to my spouse at the time of his or her death. I understand by signing here, I consent to the beneficiary(ies) named on this Form and the effect of this consent is to cause any benefits payable upon my spouse's death to be paid to that beneficiary(ies) instead of me.

Consent: I hereby consent to this _____ Beneficiary Designation
_____ Change of Beneficiary

Spouse Signature

Date

_____ Spouse cannot be located

Notary Public

Date

MAIL COMPLETED FORM TO:

Office of Benefits Services
Johns Hopkins at Eastern
1101 East 33rd Street, Suite C020
Baltimore, MD 21218