

The Johns Hopkins University

403(b) Account Application



Return your completed application and any changes in your salary reduction agreement to your Benefits office.

Please print clearly in CAPITAL letters using black ink and sign on Page 5.

If you have questions about this application, please call a Business Retirement Specialist at 1-800-345-3533.

1 Provide Information About Yourself

Mr. / Mrs. / Ms. Participant's first name Middle initial Participant's last name

Participant's U.S. Social Security number Participant's date of birth (month-day-year)

Participant's street address (No P.O. or Private Mail Boxes permitted.) Apartment/Unit

City State ZIP

Check here if this is a new address.

Telephone number (daytime) Telephone number (evening)

Email address (required for eCommunication, our electronic delivery service)

U.S. citizen U.S. resident alien Non-resident alien*

* A non-resident alien must complete and attach the appropriate IRS Form W-8.

2 Provide Your Employer Information

Johns Hopkins University

Please check the box below that corresponds to your classification.

- Faculty and Senior Staff Retirement Plan (Plan ID 000100001*)
- Staff Voluntary 403(b) Retirement Plan (Plan ID 000102001*)
- Income Deferral 403(b) Retirement Plan for Residents, Interns and Postdoctoral Fellows (Plan ID 005566001*)

* For American Century Investments' use only.

Continued on Page 2

3 Select Your Investments

Please invest my future contributions in the funds listed below and according to the percentages I have indicated. I understand that if I do not select a fund, choose one that is not available to my plan or my allocation percentages do not total 100%, American Century Investments will invest my contributions in the Prime Money Market Fund. I also understand that my fund selections apply to all contribution types I indicate in this step.

You may only invest in a fund for which you have a current prospectus.

Choose Your Funds

See *Fund Choices* accompanying this application for fund names to complete this section. Please use the full fund name.

The percentages must be whole numbers and total 100%.

	Employer and Basic Contribution	Pretax Voluntary Contribution
A ▶ _____ Fund name	_____% Percentage	_____% Percentage
B ▶ _____ Fund name	_____% Percentage	_____% Percentage
C ▶ _____ Fund name	_____% Percentage	_____% Percentage
	<hr/> 1 0 0 %	<hr/> 1 0 0 %

Transfer of Assets from Another Institution

Complete and return the *Request to Transfer/Roll Over* form with this application.

\$ _____
Approximate value

4 Review Service Options Available to You

For a description of these services, see *Service Options* accompanying this application.

Full Services

We will automatically establish Full Services for your account, which allows you to conduct business with us by the method you prefer. With Full Services, you may transact by telephone, fax, in writing or online without a signature guarantee. For 403(b) redemptions, the *Johns Hopkins University 403(b) Retirement Plan Distributions Form* must be completed. For the terms and conditions that apply to the Full Services' options and information on how to conduct business in writing only, see *Service Options* accompanying this application.

5 Select How You Want to Receive Investor Documents

If you would like to receive documents such as annual and semiannual reports, prospectuses, statements and newsletters electronically rather than by U.S. mail, check the box below and provide your email address in Step 1. You'll receive an email that allows you to sign up for eCommunication, our electronic delivery service. You may only sign up for this service online.

I want to receive an email to sign up for eCommunication, the electronic delivery service. I have provided my email address in Step 1.

Continued on Page 3

Designate Your Beneficiary (continued)

Secondary Beneficiaries

Death benefits will be paid to the secondary beneficiaries only if your primary beneficiaries are no longer living at the time of your death.

If my primary beneficiaries are not living at the time of my death, pay the balance of my 403(b) to:

Secondary beneficiary's name or name of trust _____ %
Percentage

Name of trustee

U.S. Social Security number **OR** _____
Trust's Tax ID number

Date of birth or trust agreement _____
Relationship to you

Secondary beneficiary's name _____ %
Percentage

U.S. Social Security number _____
Date of birth _____
Relationship to you

General Agreements

Please sign exactly as your name appears in Step 1.

- I have received and read the *403(b) Plan and Custody Agreement*.
- I am of legal age.
- Non-resident alien: I have completed and attached the appropriate IRS Form W-8 with this application for foreign status certification.
- I authorize American Century Services, LLC ("American Century"), to act upon my instructions for the services I have authorized on this form. This authorization applies to all accounts in all investment companies in the American Century family listed under the Social Security number shown on this form.
- I have read and agree to the terms and conditions stated in the *Service Options*, which is incorporated into this application.
- I have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I'm investing.
- I understand that providing my email address gives American Century permission to send me information about products and services via email.
- I agree to defend, hold harmless and indemnify American Century and its officers, agents, employees, affiliates and successors from all losses, claims, expenses and liabilities that I may suffer as a result of:
 - my authorizing the services on this form and American Century establishing these services on my accounts
 - American Century accepting transaction instructions through these services, including by telephone, online, fax, in writing without a signature guarantee, or any other means
 - online services, including, but not limited to, those caused by theft, unauthorized access, failure of mechanical equipment, communications line failure, telephone or interconnect problems, or other occurrences that are beyond their control.
- I understand American Century will use reasonable procedures to confirm that instructions I communicate by telephone, online, fax, in writing without a signature guarantee or any other means, are genuine, including personal identification, recording of telephone conversations and providing written or electronic confirmation of each transaction. A failure on its part to employ such procedures may subject it to liability for any loss due to unauthorized or fraudulent instructions.
- Important Information About New Accounts: A federal law, established to help stop the funding of terrorism and money laundering activities, requires financial institutions to verify the identity of each person who opens an account. American Century will verify your identity using the name, street address, date of birth and Social Security number that you provide in this application. In some instances, we may request additional documentation.

Beneficiary Agreements

- I hereby revoke all previous designations of beneficiaries for my 403(b) plan.
- I understand that I may change my beneficiaries at any time by completing a *Designation of Beneficiary* form, and that the change is effective when received in writing and accepted by the plan administrator and the custodian.
- I understand that if I am married at the time of my death and my surviving spouse is not designated as my sole primary beneficiary, this designation of beneficiaries will not be valid unless my surviving spouse has consented to this designation by signing in Step 8. The signature must be witnessed by a notary public.

• I certify, under penalties of perjury, that: (1) The Social Security number shown on this application is correct; and (2) I am not subject to backup withholding because I have NOT been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest and dividends (strike the word "NOT" above if you have received IRS notification), or the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien).

• The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature

Date

Continued on Page 6

Fund Choices

for Employer-Sponsored Retirement Plans



You may invest only in funds for which you have a current prospectus. Some funds may not be available for your particular plan.

Asset Allocation/Balanced Funds

- Balanced
- **LIVESTRONG™** 2045 Portfolio from American Century Investments
- **LIVESTRONG™** 2035 Portfolio from American Century Investments
- **LIVESTRONG™** 2025 Portfolio from American Century Investments
- **LIVESTRONG™** 2015 Portfolio from American Century Investments
- **LIVESTRONG™** Income Portfolio from American Century Investments
- One Choice PortfolioSM: Very Aggressive
- One Choice PortfolioSM: Aggressive
- One Choice PortfolioSM: Moderate
- One Choice PortfolioSM: Conservative
- One Choice PortfolioSM: Very Conservative
- Strategic Allocation: Aggressive
- Strategic Allocation: Moderate
- Strategic Allocation: Conservative

Bond Funds

- American Century-Mason Street High-Yield Bond
- American Century-Mason Street Select Bond
- Core Plus
- Diversified Bond
- Ginnie Mae
- Government Bond
- High-Yield
- Inflation-Adjusted Bond
- Inflation Protection Bond
- International Bond
- Short Duration
- Short-Term Government
- Target 2025
- Target 2020
- Target 2015
- Target 2010

Stock Funds

- American Century-Mason Street Mid Cap Growth
- American Century-Mason Street Small Cap Growth
- Capital Growth
- Capital Value
- Disciplined Growth
- Emerging Markets
- Equity Growth
- Equity Income
- Equity Index
- Focused Growth
- Fundamental Equity
- Global Gold
- Global Growth
- Growth
- Heritage
- Income & Growth
- International Core Equity
- International Discovery (\$10,000 minimum)
- International Growth
- International Stock
- International Value
- Large Company Value
- Legacy Focused Large Cap
- Legacy Large Cap
- Legacy Multi Cap
- Life Sciences
- Long-Short Equity
- Mid Cap Value
- New Opportunities
- New Opportunities II
- Newton
- Real Estate
- Select
- Technology
- Ultra[®]
- Utilities
- Value
- Veedot[®]
- VistaSM

Money Market Funds

- Capital Preservation
- Premium Money Market
- Prime Money Market

If your employer's retirement plan was opened after September 28, 2007, all funds listed may not be available to your plan. Contact a Business Retirement Specialist at 1-800-345-3533 for more information.

LIVESTRONG is a trademark of the Lance Armstrong Foundation.

American Century Investments
P.O. Box 419385
Kansas City, MO 64141-6385
1-800-345-3533
americancentury.com

American Century Investment Services, Inc., Distributor

©2007 American Century Proprietary Holdings, Inc. All rights reserved. The American Century Investments logo, American Century and American Century Investments are service marks of American Century Proprietary Holdings, Inc.

RC-FLY-55816 0710

Service Options

for Employer-Sponsored Retirement Plans



American Century
Investments

Ways to manage your account

You can do business with us in the way that's most convenient for you. When you sign the account application, you acknowledge that you've read this information and accept the terms of the services.

Full Services

You will automatically receive the services below for all your accounts with the same Social Security/Tax Identification number. Our package of Full Services allows you to transact by telephone, by fax, in writing or online without a signature guarantee.

If you participate in a 401(a), 403(b), 457 or qualified retirement plan:

- You may not be eligible for some services due to Plan restrictions.
- You may be required to complete a *Distribution Request* form to redeem shares from your accounts, but a signature guarantee will not be required.

Exchanges by telephone

You may exchange by telephone or in writing without a signature guarantee.

Redemptions by telephone

Only participants in a SEP-, SARSEP- or SIMPLE-IRA may redeem by telephone.

Electronic redemptions

Send redemption proceeds to your personal bank account by automated clearing house (ACH). Your name must appear in the bank account registration. Set up this service by attaching a voided check to your application. This service is available 15 days after we receive your authorization and bank account information. Your bank usually receives funds sent by ACH in two to five business days.

americentury.com and automated telephone line

Get account information and transact online or with our automated telephone line. Register to transact on our Web site at americentury.com, or get a Personal Access Code for our automated telephone line.

Conduct business in writing only

If you prefer, you may provide all of your transaction instructions in writing. With this option, you may not use any of the services described on this flier. All account owners must sign transaction instructions (with signatures guaranteed for redemptions in excess of \$100,000).

Fund Choices

All funds for retirement investing are listed on the *Fund Choices* flier. For additional prospectuses, call us at 1-800-345-3533, Monday through Friday between 7 a.m. and 5:30 p.m. Central time, or visit americentury.com.

American Century Investment Services, Inc., Distributor

©2007 American Century Proprietary Holdings, Inc. All rights reserved.
The American Century Investments logo, American Century and
American Century Investments are service marks of American Century
Proprietary Holdings, Inc.

American Century Investments

P.O. Box 419385
Kansas City, MO 64141-6385
1-800-345-3533
americentury.com