



AMERICAN  
UNIVERSITY  
OF BEIRUT

AMERICAN UNIVERSITY OF BEIRUT  
RETIREMENT PROGRAM FOR NON-U.S. CITIZEN or RESIDENT ALIEN EMPLOYEES  
PAYROLL CHANGE FORM

Employee Last Name	First Name	Middle	Citizenship:
Home Address:			
Date of Birth (mm/dd/yyyy)_____ Sex: <input type="checkbox"/> Male or <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single or <input type="checkbox"/> Married			Employee ID:
<p>I hereby request and authorize the American University of Beirut to deduct _____% of my compensation (as defined and limited under the Plan) to be contributed to the Retirement Program Plan "B" for Non-US Citizen or Resident Alien Employees of the American University of Beirut ("Plan B") effective as soon as practicable. This election will supersede my existing payroll deduction election. <i>Please note that the rate you specify must be in whole-number percentages. A request to change your savings rate, suspend or resume contributions may be made at any time. Changes will be made as soon as administratively feasible.</i></p> <p>Check below if you wish to cancel future contributions to this Plan B.</p> <p><input type="checkbox"/> I understand that, employer contributions to my account under the Plan are contingent upon my employee contributions, and when I discontinue my employee contributions I will not be eligible for ongoing employer contributions and with full acknowledgement of these facts, I elect to terminate participation in Plan B at this time.</p>			
Employee Signature: _____		Date (mm/dd/yyyy): _____	

American University of Beirut Authorized Signature_____	Date (mm/dd/yyyy) _____
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