



AMERICAN  
UNIVERSITY  
OF BEIRUT

AMERICAN UNIVERSITY OF BEIRUT  
RETIREMENT PROGRAM FOR NON-U.S. CITIZEN or RESIDENT ALIEN EMPLOYEES  
PLAN "B"  
WITHDRAWAL FORM

**MEMBER INFORMATION:**

Employee ID \_\_\_\_\_

\_\_\_\_\_  
Employee Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Employee Address

**WITHDRAWAL AMOUNT:** Select one of the following withdrawal amounts. Any special instructions are to be included on a separate sheet of paper that also contains your name (printed), Employee Number and signature. If your employment is not terminating, please refer to the Plan Rules for information regarding hardship withdrawal provisions. Hardship withdrawals are not available to U.S. citizens or resident aliens.

☐ TERMINATION OF EMPLOYMENT FULL ACCOUNT BALANCE

To be completed by AUB:

**DUE DEDUCTIBLES to AUB if any (Loan, Account Receivable, Educational Charges etc.):**

These amounts, if any, are due to AUB as per Plan terms or applicable Law or Regulation, and will be deducted from your distribution,

\$-----

Description:-----

☐ **HARDSHIP WITHDRAWAL:** Please indicate amount: \$ \_\_\_\_\_

The amount of any hardship withdrawal will, in all instances, be limited to 40% of the amount in your employee contribution account. Please see Plan document for a list of permissible hardships, and indicate on a separate sheet of paper the reason for the hardship withdrawal. Note that proof of hardship may be required.

**Payment Election:** Select one of the following payment methods:

☐ **CASH DISTRIBUTION** A check will be sent in the member's name to the address indicated above unless separate instructions are returned with this form. Please make check payable to:

\_\_\_\_\_

☐ **WIRE TRANSFER** **Note, if a Non-U.S. Bank, please include Intermediary or U.S. Correspondent Bank Information.**

We ask that you type on the form or attach a separate typed sheet containing your name and all of the requested banking information. *You will be responsible for any assessed fees or charges resulting from inaccurate or illegible information you provide on this form. Returned wires or checks that cannot be credited to an account are returned to the sender and may be assessed a fee. If money is returned minus a fee the amount will be deducted from your final distribution*

**US Correspondent Bank Info.** (Universal ID, ABA or SWIFT for US Intermediary):  
(Payment cannot be made without this information)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

ABA/SWIFT No. \_\_\_\_\_

**NON-US Bank Info.**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA/SWIFT No. \_\_\_\_\_

IBAN No. \_\_\_\_\_

**MEMBER AUTHORIZATION:**

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**AUB AUTHORIZATION:**

\_\_\_\_\_  
Termination Date (if applicable)

\_\_\_\_\_  
Date of Final Contribution

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**DOMINION FIDUCIARY TRUST LIMITED: AUTHORIZATION:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



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PLAN "B"  
Withdrawal Request Information Form**

Employee ID : \_\_\_\_\_

Last Name :

First Name :

Department :

I hereby request the hardship withdrawal for the following reason (please check applicable):

----- Non-reimbursed medical expenses

----- Purchase or construction of my principal residence

----- Post-secondary education tuition

----- Major home repair due to casualty loss

*\* Proper documentation must be attached to substantiate your circumstances. Please submit documentation as described in the Hardship Rules. This application will not be considered if the required documentation is not included.*

Pursuant to the Plan's hardship withdrawal rules, I hereby certify that I have no further financial resources to meet my financial hardship. As evidenced by the attached documentation, the amount requested does not exceed the amount required to meet the immediate and heavy financial need created by the circumstance indicated above.

I hereby certify that all facts presented are true, and I agree to provide further documentation of my financial hardship upon the request of the Plan Administrator.

Participant's Signature

Date

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