## Retirement Program for U.S. Citizen and Resident Alien Employees of the American University of Beirut

## Plan # 094200

of the American University of Beirut	Beneficiary Designation
Account Information	
Social Security #	Location Code
Name (Last, First, MI)	
Home Address	
City	State Zip
Daytime Phone #	Evening Phone #
Please indicate the percentage of your balance to be allocated to each beneficiary.  Percentages for primary and secondary beneficiaries must each total 100%.	
Primary Beneficiary	Secondary Beneficiary
Name	Name
Relationship	Relationship
Social Security #	Social Security #
Name	Name
Relationship	Relationship
Social Security #	Social Security #
Name	Name
Relationship	Relationship
Social Security #	Social Security #
<b>Note:</b> Under the Plan, if you are married your beneficiary is automaticatelow.	ally your spouse unless your spouse executes the spousal consent section
Spousal Consent (If applicable)	represent and certify that I am not married.
I hereby consent to the designation by my spouse of the primary beneficiary (and if spouse is not primary beneficiary, the secondary beneficiary) set forth above who shall receive benefits from the Plan upon my spouse's death. I understand that, as a result of such designation, I may not be entitled to any benefits from the Plan upon my spouse's death.	
Name	
Social Security #	Date of birth (mm/dd/yyyy)
Signature	Date
Signature Date The foregoing "Spousal Consent" was acknowledged before me.	
Plan Administrator	Date
Authorization	
Signature of Participant Date	Signature of Plan Sponsor Date

Please make a copy for your records.

(01/31/2006)

Target



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