



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

New enrollment Payroll Change

Employee Last Name	First Name	Middle	Citizenship:
Date of Birth (mm/dd/yyyy) _____			Employee ID:
Sex: <input type="checkbox"/> Male or <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single or <input type="checkbox"/> Married	

I hereby request that I be included in the Retirement Program Plan "B" for Non-US Citizen or Resident Alien Employees of the American University of Beirut ("Plan B"). I agree to comply with the requirements of Plan B and I authorize the American University of Beirut to deduct _____% of my compensation (as defined and limited under the Plan) to be contributed to Plan B, subject to applicable limits.

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 hereby
- a) acknowledge that my participation in Plan B shall terminate as of the first date that I am covered by a social security, labor law, end of service indemnity, pension plan or similar such programs promulgated or maintained directly or indirectly by the Government of Lebanon.
 - b) authorize the University to obtain on my behalf an exemption from making payments into the Lebanese Social Security Fund, if available and applicable.
 - c) understand that the benefits payable under this Plan B in the event of my death shall be payable to my beneficiaries as defined by the applicable law.
 - d) declare and confirm that AUB is hereby authorized through the Employee Benefits Committee to i) enter on my behalf into a fiduciary agreement with Butterfield Trust (Bermuda) Limited "Trustee" to invest any of my eligible contributions with Brown Brothers Harriman as custodian and ii) to enter into an agreement with Global Group Services Inc. (GGSI) for recordkeeping.
 - e) also declare and confirm that I solely assume any and all results of my investment choice(s) under the plan, hereby waiving my rights to confidentiality, privacy or the banking secrecy in respect of the foregoing vis-avis AUB, GGSI or any other individual or entity designated by the Trustee and AUB to monitor my said investment account

- For **payroll change**, check here if you wish that **BOTH** your balance account and future contributions be changed to the asset allocation indicated below. If this box is not checked only your future contributions will be contributed pursuant to the asset allocation indicated below.
- Check here if you wish to cancel future contributions to this Plan B.
- The program has been thoroughly explained to me, and I understand that, unless I become a contributing Employee under Plan B, I shall receive no benefits as described in Plan B and I shall not be eligible for benefits under any other plan in which participation shall be contingent upon my participation in Plan B, and with full acknowledgement of these facts, I elect not to participate in Plan B at this time.**

FUND ALLOCATION INSTRUCTIONS – please pick from the funds listed OR one of the portfolios.

You CANNOT select from both the list of funds and the portfolios; you must select either from the funds or ONE portfolio.
Information on the Funds and Model Portfolios is available on the website: <http://www.globaladminserves.ca/AUB.html>
If no valid investment election is made, your employee contribution amounts will be invested in the Moderate Portfolio.

Investment Funds	Fund	Percentage	Model Portfolios	Check one:
JP Morgan - JF China Fd.	102		Conservative Portfolio	<input type="checkbox"/> 100%
Vanguard US Discoveries Fund	211		Moderate Portfolio	<input type="checkbox"/> 100%
Vanguard European Stock Index Fund	205		Aggressive Portfolio	<input type="checkbox"/> 100%
Vanguard US 500 Index Fund	209			
Vanguard Japan Stock Index Fund	210			
Vanguard Global Stock Index Fund	201			
Vanguard Global Bond Index Fund	202			
Goldman Sachs Money Market	101			
Total		100%		

Employee Signature: _____ **Date (mm/dd/yyyy):** _____

AUB OFFICE USE ONLY

Employment Date (mm/dd/yyyy): _____	
Plan Entry Date (mm/dd/yyyy): _____	
American University of Beirut Authorized Signature _____	Date (mm/dd/yyyy) _____