

TO: The Employee Benefits Committee of the American University of Beirut
Retirement Program for Non-U.S. Citizen or Resident Alien Employees (Plan B).

EMPLOYEE ELECTION OF PARTICIPATION

I, the undersigned, hereby acknowledge that:

- (i) I have received a copy of the Retirement Program (Plan B) for Non-U.S. Citizen or Resident Alien Employees of the American University of Beirut (the "Program").
- (ii) I have thoroughly read the provisions of the Program and I am now fully familiar with them. I understand and agree that the University may withhold from any contributions made in accordance with this Section 4.1 or may reduce amounts recorded in an Employee's Memorandum Account, for all taxes and contributions (including but not limited to payments by the University of United States social security taxes or Lebanese social security contributions, if any) as shall be required pursuant to any law or governmental regulation or ruling as determined by the University.
- (iii) My participation in the Program 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 program promulgated or maintained directly or indirectly by the Government of Lebanon.
- (iv) I hereby authorize the University to obtain on my behalf an exemption from making payments into the Lebanese National Social Security Fund, if available and applicable.
- (v) I understand that the Program is subject to amendment or termination as provided under Section 7.1 thereunder and that I am entitled to a retirement, death or termination of service benefit from the University solely as described in Section 5 of the Program.
- (vi) I understand that the benefits under this Plan B shall revert in case of my death to the beneficiaries as determined by the applicable Law.,
- (vii) I elect to become a participant in the program on _____ .

(Type or Print name of Employee)

(Signature of Employee)

(Date)