

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

WAIVER OF PARTICIPATION

I acknowledge receipt of a copy of the Retirement Program Plan "B" for Non-U.S. Citizen or Resident Alien Employees (the "Program").

The Program has been thoroughly explained to me, and I understand that, unless I become a contributing Employee under the Program, I shall receive no benefits as described in the Program and I shall not be eligible for benefits under any other plan in which participation shall be contingent upon my participation in the Program, and

With full acknowledgement of these facts, I elect not to participate in the Program at this time.

Signed at _____ this _____ day of _____.

Signature of Witness

Signature of Employee