

Yeshiva University High Schools Retirement Income Plan, #76390

1. GENERAL INSTRUCTIONS

Please complete this form and sign it on the back page. In the future, you may revoke the beneficiary designation and designate a new beneficiary by submitting a new Beneficiary Designation form.

Mailing instructions:

When designating primary and contingent beneficiaries, please use whole percentages and be sure that for each group of beneficiaries total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a contingent beneficiary, please include the trust's name and the date the trust was created.

Unless otherwise specified by your plan, if more than one person is named and no percentages are indicated, the plan assets will be divided into equal shares to your primary beneficiaries who survive you. If a percentage is indicated and a primary beneficiary

3. SPOUSAL CONSENT

Spousal consent: If you are married, your plan requires you to designate that your spouse receives at least 50% of your vested account balance unless your spouse consents to forfeiture of benefits in the Spousal Consent section of this form. If you are married and you do not designate your spouse as your primary beneficiary for a portion of your account balances as described above, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan.

Age 35 requirement: Your spouse must be the primary beneficiary of your account as described above unless your spouse consents to a different primary beneficiary. If this designation occurs prior to the first day of the plan year in which you attain age 35, this designation is void on the earlier of (a) the first day of the plan year in which you attain age 35, or (b) the date of separation from service. When this designation is voided, your spouse will become the beneficiary for the amount described above. If you will designate a different primary beneficiary at that time you will need to complete a new Beneficiary Designation form.

4. AUTHORIZATION

Please provide your signature.

2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

2. Individual: OR

Trust Name:

Social Security Number: OR
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Tax ID Number:
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Percentage: %



