For questions on this form please call Vanguard's Participant Services at 1-800-523-1188.

THE AMERICAN UNIVERSITY IN CAIRO

AUC Custodial Retirement Plan

Plan # 093684

Beneficiary Designation

Account Information

Social Security # ___ — ___ — ____ **Employee Number**

Name (Last, First, MI)

Address

City **State** **Zip**

Date of Birth (mm/dd/yyyy) — —

Daytime Phone # ___ — ___ — ____

Beneficiary Information

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

Name _____ / %

Relationship _____

Social Security # ___ — ___ — ____

Name _____ / %

Relationship _____

Social Security # ___ — ___ — ____

Name _____ / %

Relationship _____

Social Security # ___ — ___ — ____

Secondary Beneficiary

Name _____ / %

Relationship _____

Social Security # ___ — ___ — ____

Name _____ / %

Relationship _____

Social Security # ___ — ___ — ____

Name _____ / %

Relationship _____

Social Security # ___ — ___ — ____

Note: Under the Plan, if you are married your primary beneficiary is automatically your spouse unless your spouse executes the notarized consent below. Please refer to the Summary Plan Description for further details.

Spousal Consent (If applicable)

☐ **I hereby represent and certify that I am not married.**

I hereby consent to the designation by my spouse of the primary 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 _____

The foregoing "Spousal Consent" was acknowledged before me.

Notary Public or Plan Representative _____ Date _____

Authorization

_____

Signature of Participant Date

Please make a copy for your records.

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(11/09/2007)

Target