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 bene ciary designation and diffsignate bene ciary by submitting a new Bene ciary Designation form

Mailing instructions:

When designating primary and contingent bene "ciaries, please use whole percentages" and be sure that for each group of bene "ciaries total 100%. Your primary bene "ciary cannot be your contingent bene "ciary. If yo bene "ciary, please include the trust so name and the date the trust was created.

Unless otherwise speci"ed by your plan, if more than one person is named and no percentages are indicated, equal shares to your primary bene ciaries who survive you. If a percentage is indicated and a primary bene ci

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 bene to hene to hence to

Age 35 requirement: Your spouse must be the primary bene ciary of your account as described above unless your spouse consents to a different primary bene ciary. If this designation occurs prior to the rst day of the plan year in which you attain age 35, or (b) the date of (a) the rst day of the plan year in which you attain age 35, or (b) the date of the plan year in which you attain age 35, or (b) the date of your spouse will become the bene ciary for the amount described above his designate a different primary bene ciary at that time you will need to complete a new Bene ciary Designation form.

4. AUTHORIZATION

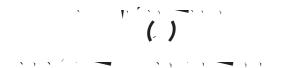
Please provide your signature.

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Fidelity Investments Institutional Operations Company, Inc.

022440001



1. YO	UR INFORMATION
Please useblack pen and print clearly in CAPITAL LET	ITERS.
Social Security #:	Date of Birth:
First Name:	
Last Name:	
Mailing Address:	
Address Line 2:	
City:	State:
ZIP:	
Daytime Phone	Evening Phone
Email:	
Name of Employel Ÿ^∙@içæ W}iç^¦∙icˆ Pi*® Ù&@[[• City/State of Employe⊢ Ó¦[}¢Ė ÞŸ
Plan Number (if known): 7 6 3 9 0	
I am: Single OR Married N	Name of Site/Divisior
2. DESIGNATIN	IG YOUR BENEFICIARY(IES)
Please check here if you have more than the	hree primary or three contingent bene"ciaries.
Primary Bene"ciary(ies)	
I hereby designate the person(s) named below as proplan upon my death.	ribreamy "ciary (ies) to receive payment of the value of my account(s) under the
1. Individual: OR	Trust Name:
Social Security Number: OR	Tax ID Number: Percentage:
	<u> </u>
Date of Birth or Trust Date:	Relationship to Applicant:
	Spouse OR Trust OR Estate/Charity OR Other

2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)				
2. Individual:	OR	Trust Name:		
Social Security Number:	OR	Tax ID Number:	Percentage:	
			%	