

Human Resources

KAUST Global Employee Savings and Pension Plans: Beneficiary Designation

Section 1: Employee Details		
Name (First, Middle, Last):	KAUST ID:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Date of Birth (dd/mm/yyyy):	Nationality:	Marital Status:
Section 2: Benefit Plan (Savings/Pension)		
<p>This designation covers the plans you have marked below and takes effect the date it is received by KAUST, provided it is received before your death and it supersedes all previous designations for the plans indicated. This designation is for the plans listed below that are checked. It applies only to those which are sponsored by KAUST and in which you are a participant.</p> <p style="text-align: center;"> <input type="checkbox"/> KAUST Employee Savings Plan <input type="checkbox"/> KAUST Pension Plan </p>		
Section 3: Beneficiary Designation		
<p>I _____ hereby designate the beneficiary shown below to receive any death benefits which may become payable under the Savings and Pension Plan policies shown above.</p> <p>Please ensure your beneficiary information is kept up to date with Human Resources. If there is no valid beneficiary designation in effect, then:</p> <ul style="list-style-type: none"> • For Saudis, the beneficiary will be determined under Islamic Sharia law. • For non-Saudis, the surviving spouse shall be the beneficiary. If the member is unmarried, then the Plan Committee/Trustee determines who is legally entitled to the account balance. 		
<p>Primary Beneficiary (In the event of your demise, the person who would receive the proceeds of the plan(s) as indicated above. (If you name a trust as your beneficiary, please attach a copy of the Trust Agreement)</p>		
Name:	Relationship:	Percent of Benefit: 100%
Address:	Date of Birth (dd/mm/yyyy):	
Contingent Beneficiary (Individuals who would receive proceeds of plan(s) as indicated above in the event of the demise of the primary beneficiary before you)		
1. Name (First, Middle, Last):	Relationship:	Percent of Benefit:
Address:	Date of Birth (dd/mm/yyyy):	
2. Name (First, Middle, Last):	Relationship:	Percent of Benefit:
Address:	Date of Birth (dd/mm/yyyy):	
3. Name (First, Middle, Last):	Relationship:	Percent of Benefit:
Address:	Date of Birth (dd/mm/yyyy):	
4. Name (First, Middle, Last):	Relationship:	Percent of Benefit:
Address:	Date of Birth (dd/mm/yyyy):	
Total		
Employee Signature: _____		Date: _____

Please send a scanned copy of the completed and signed form to benefits@kaust.edu.sa