جامعة الملك عبدالله للعلوم والتقنية
King Abdullah University of Science and Technology | Human Resources

KAUST Global Employee Savings Plan

Rollover Form

Section 1: Employee Details			
Name (First, Middle, Last):			KAUST ID:
Home Address:			
Date of Birth (mm/dd/yyyy):	Gender: ◉ M ○ F	Marital Status:	Nationality:

Section 2: Rollover Amount

I elect to deposit a rollover from another employer plan in the KAUST Global Employee Savings Plan.

The amount of my rollover is $_____

Note: *All rollovers are to be made in U.S. Dollars. If the funds arrive in another currency, the plan will exchange the rollover amount to U.S. Dollars.*

Section 3: Fund Allocation

1) I hereby direct all amounts to be invested in the following manner.
2) Allocations must be in increments of 1% and the total must be equal to 100%
3) Selection limited to maximum of 10 funds at any one time.

Fund Code	Core Investment Lineup	Allocation %
VANPIVI	Vanguard Ultra Short Term Bond Fund	
VGUGBVD	Vanguard US Government Bond Index Fund	
VANEGID	Vanguard European Government Bond Index Fund	
VANJGBU	Vanguard Japan Government Bond Index Fund	
VANUIVI	Vanguard US 500 Stock Index Fund	
VANGUOA	Vanguard US Opportunities Fund	
VANUSFD	Vanguard US Fundamental Value Fund	
VANGIVI	Vanguard Global Stock Index Fund	
VANEIVI	Vanguard European Stock Index Fund	
VANSTOK	Vanguard Japan Stock Index Fund	
VNVIIUS	Vanguard Global Small-Cap Index Fund	
VANEMUI	Vanguard Emerging Markets Stock Index Fund	
VAVGIUH	Vanguard Global Bond Index Fund	
BNPIEOP	BNP Paribas Islamic Fund– Equity Optimiser Privilege Share	
CASH	Non-Investor Cash Fund Account	
	Total (must equal to 100%)	

Balanced Portfolio	
If you elect one of these portfolios, 100% of your deferrals will be allocated to the fund you select and cannot be combined with the individual mutual funds from the core investment lineup listed above.	*Check one:* ○ Moderate Balance ○ Conservative Balanced

Authorization
I hereby authorize my former employer_____ to release my account balance from the _____ Plan for investment in the KAUST Global Employee Savings Plan. _____ _____ Employee Signature Date KAUST Authorized Signature Date

HR Office Use Only	
Employment Date:	Plan Entry Date:

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