

# Yeshiva University Retirement Plan Beneficiary Designation



## 1. GENERAL INSTRUCTIONS

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

Mailing instructions: Return this form in the enclosed postage-paid envelope or to  
Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

Questions? Call Fidelity Investments at 800-343-0860, Monday through Friday, from 8 a.m. to midnight, Eastern time, or visit us at [Fidelity.com/atwork](http://Fidelity.com/atwork).

## 2. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to three primary and three contingent beneficiaries. To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper.

When designating primary and contingent beneficiaries, please use whole percentages and be sure that the percentages



# Yeshiva University Retirement Plan Beneficiary Designation

## 1. YOUR INFORMATION

Please use black pen and print clearly in CAPITAL LETTERS.

Social Security #: -- Date of Birth: --

First Name:

Last Name:

Mailing Address:

Address Line 2:

City:  State:

Zip:

Daytime Phone:  Evening Phone:

E-mail:

Name of Employer:  City/State of Employer:

I am designating beneficiaries for the following plans (choose all that apply):

YU Basic Plan  <84990>    YU Supplemental Plan  <84989>    YU After-Tax Annuity Plan  <84991>

I am:  Single OR  Married    Name of Site/Division:

## 2. DESIGNATING YOUR BENEFICIARY(IES)

Please check here if you have more than three primary or three contingent beneficiaries.

### Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

1. Individual:	OR	Entity Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Estate/Charity OR <input type="checkbox"/> Other	



