



Beneficiary Designation Form

.....

Please complete and sign this Beneficiary Designation Form on page 4 to name the beneficiary of your Basic Retirement Account balance, including any Supplement, or your Option A benefit under the 1950 Plan. If you have an Individual Investment Account(s), please contact the Harvard University Retirement Center to review and/or change your beneficiary for that account(s).

The Harvard University Retirement Program provides a benefit to your designated beneficiary in the event that you die before making a distribution election for your account(s). Depending on the specific retirement plan (1995 Retirement Program, 2001 Staff Retirement Program, or the 1950 Plan) in which you participate, the pre-retirement death benefit may consist of your Basic Retirement Account balance, including any Supplement, your Option A benefit, and the balance of your Individual Investment Account(s). Use this form to designate your beneficiary for your Basic Retirement Account, including any Supplement, or your Option A benefit from the 1950 Plan.

The benefit is paid at your death to your beneficiary. If you have not named a beneficiary or no designated beneficiary (primary or contingent) survives you, the benefit will be paid based on your marital status:

- If you are married, paid to your surviving spouse.
- If you are not married, paid to your surviving children, or if none, to your surviving parents, or if none, to your surviving siblings, or if none, to your estate.

If you are married and wish to name a person other than your spouse as a primary beneficiary of your pre-retirement death benefit, you must have your spouse's written consent and it must be witnessed by a Notary Public or Plan Representative. There are special rules applicable to particular situations:

- If you are currently employed and under age 35, you may not designate a person other than your spouse until January 1st of the year you attain age 35 (or, if earlier, your termination of employment).
- If you designate a person other than your spouse and want to change your designation to another person (not your spouse), you must get your spouse's consent again.
- You may revoke your non-spousal designation and name your spouse as your primary beneficiary at any time prior to your death by completing a new Beneficiary Designation Form.

- If you name a beneficiary when you are not married and you subsequently marry, your spouse will automatically become your primary beneficiary unless you complete a new Beneficiary Designation Form and your spouse consents to your designation in writing. If you marry a different person, he or she will automatically become your primary beneficiary unless you complete a new Beneficiary Designation Form and your new spouse consents to your designation in writing.
- If your spouse does not properly complete the spousal consent portion of this form, your beneficiary election will not be effective and your spouse will be treated as your sole beneficiary.
- Special rules may apply if your benefit is subject to a Qualified Domestic Relations Order (QDRO).

Subject to the spousal consent rules summarized above, your beneficiary may be a person or a trust. You may designate one beneficiary or two or more. If you elect more than one beneficiary, you must indicate the percentage (%) allocation for each; be sure the percentages total 100%. If you designate a trust, include the trust name, address and date the trust was created. If you need additional space to list your beneficiaries, list on a separate page with your signature and date.

Participant Information

Name	Harvard ID	Social Security Number
------	------------	------------------------

Address (Street, City, State, Zip Code)

Date of Birth	Date of Termination (if applicable)
---------------	-------------------------------------

Marital Status (Single or Married)

Primary Beneficiary Designation

I designate the person(s) or trust(s) named below as primary beneficiary(ies) to receive the value of my benefit upon my death. I acknowledge that if I am married and do not name my spouse as my primary beneficiary, I am waiving the right to have my benefit paid to my spouse.

1. _____

Individual or Trust Name	Relationship to You	Percentage (%)
--------------------------	---------------------	----------------

Address (Street, City, State, Zip Code)

Date of Birth (Month, Day, Year)	Social Security or Tax Identification Number
----------------------------------	--

2. _____

Individual or Trust Name	Relationship to You	Percentage (%)
--------------------------	---------------------	----------------

Address (Street, City, State, Zip Code)

Date of Birth (Month, Day, Year)	Social Security or Tax Identification Number
----------------------------------	--

3. _____

Individual or Trust Name	Relationship to You	Percentage (%)
--------------------------	---------------------	----------------

Address (Street, City, State, Zip Code)

Date of Birth (Month, Day, Year)	Social Security or Tax Identification Number
----------------------------------	--

Spousal Consent

This section must be completed by the spouse of any married participant who names a non-spousal primary beneficiary.

I, _____, am legally married to the participant whose name appears on this form, and I consent to the designation of the beneficiary(ies) listed on this form. I understand that:

- I do not have to sign this spousal consent and I certify that I am signing this consent voluntarily;
- The effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me;
- The beneficiary designation is not valid unless I consent to it;
- My consent is irrevocable unless my spouse revokes the beneficiary designation.

I acknowledge that my consent is not effective, and this Beneficiary Designation Form is null and void, if it is given prior to January 1 of the year in which my spouse reaches age 35 (or, if earlier, the date of his or her termination of employment).

Spouse's signature must be witnessed by a Notary Public or Plan Representative.

Signature of Participant's Spouse

Date

Witnessed by:

STATE of: _____ COUNTY of: _____ ss.

On this _____ day of _____, 20____, before me personally appeared known (or sufficiently proven) to me to be the person whose name is subscribed to the Spousal Consent and acknowledged that he/she executed the same for the purpose herein contained in witness whereof, I here unto set my hand and official seal.

Signature of Notary Public

(provide notary stamp)

OR

Signature of Authorized Plan Representative

Date

Return this original Beneficiary Designation Form to:

Harvard Benefits Office
Harvard University
124 Mt. Auburn Street, 4th Floor
Cambridge, MA 02138

