

403(b) TAX-SHELTERED RETIREMENT PLAN PAYROLL DEDUCTION AUTHORIZATION

Employee Information:		
Name:	UIN:	Date:
Dept. Phone:	Dept. E-mail:	
The Employee and Employer have entered into this Salary Reduction to obtain for the employee the benefits of section 403(b) of the Internal Revenue Code. It is agreed that, I authorize the Employer to initiate the salary reduction in accordance with the section 403(b) Plan maintained by ODU Research Foundation.		
Pre Tax Salary Reduction: <i>NOTE: The employee is responsible for compliance with the annual contribution limit and for ensuring the annual salary reduction does not exceed the limits established in sections 403(b) and 415 of the Internal Revenue Code and related regulations.</i>		
<input type="checkbox"/> I elect to contribute of my current and future pay period the amount of:	\$ _____	
<input type="checkbox"/> I am already enrolled, but I want to change my contribution to:	\$ _____	
Pay period beginning :	Pay Date:	
This authorization will remain in effect until the Employer has received written notification from me of its termination, allowing the Company a reasonable timeframe within which to act. Or, until I complete and sign a new Tax-Sheltered Retirement Plan Payroll Authorization form. This agreement applies to amounts earned until changed by me in writing. I understand my employer may reduce my contributions only when required to meet certain plan limits. I will review all statements regularly and report any discrepancy to ODU Research Foundation immediately.		
Employee Signature:	Date:	

Choose Your Asset Allocation Investment Options:
All of the contributions made to the retirement plan, will be directed using the investment elective effective at that time. If no investment election is received, or contributions are received prior to your investment election, contributions will be directed according to the plan's default investment option(s). www.principal.com

Cancellation Notification:		
I hereby request all Tax-Sheltered Pre-Tax Salary Reduction to stop effective:	Signature:	Date:

Research Foundation Use Only:		
Annual Salary:	11% Annualized:	11% per pay period:
Effective Pay Cycle:	Human Resources:	Date:

Research Foundation Verification:					
Data Entry:	Date:	Payroll:	Date:	Payroll Proof:	Date: