

401(k) PLAN CONTRIBUTION AUTHORIZATION

Employee Information:

| | | |
|-------|------|-------|
| Name: | UIN: | Date: |
|-------|------|-------|

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|--------------|---------------|
| 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.

Contribution limit does not exceed the limits established in sections 403(b) and 408(a) of the Internal Revenue Code and related Regulations.

| | |
|---|----------|
| <input type="checkbox"/> I elect to contribute of my current and future pay period the amount of: | \$ _____ |
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|--|----------|
| <input type="checkbox"/> I am already enrolled, but I want to change my contribution to: | \$ _____ |
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|------------------------|-----------|
| Pay period beginning : | Pay Date: |
|------------------------|-----------|