

# Enrollment form

OLD DOMINION UNIVERSITY RESEARCH FOUNDATION TAX-SHELTERED  
RETIREMENT PLAN

My contributions

A Elective deferral contributions are limited to the lesser of the plan or IRS Limit for the current calendar year.

My investment choices

Please elect  by checking the box(es) and completing the applicable information for your choice.

(If you are already enrolled and want to make changes to how future contributions are directed, visit principal.com or call 1-800-547-7754.)

Quick Option Principal LifeTime Funds

I elect a  on Principal LifeTime Funds

I understand contributions will be directed to the plan's Qualified Default Investment Alternative; one of the Principal LifeTime Funds based on the plan's normal retirement date. I have read the plan's QDIA notice and enclosed investment information related to this investment. I do not want to make another investment option at retirement.

Log into your account at principal.com for more investment options available to you through your employers retirement plan.

(Please refer to the Investment Option Summary for more information.)

> If you've completed this section, move ahead to M

1 Principal LifeTime Funds are available as another way to use an asset allocation strategy that may be right for you. There are other investment options available under the retirement plan, and you should review them all. Reviewing all investment options can help you decide whether you wish to design your own mix of investment options. Please note that your contribution will be directed to the plan's QDIA - Principal LifeTime Funds based on a particular target date or retirement date. If you would rather choose your own mix of investment options, you may do so by completing the Build My Own Portfolio section of this form or visiting principal.com.

Build my own portfolio

I elect  (enter percentages below) investment options

(Please refer to the Investment Option Summary for more information.)

Elective or Employer deferral

Short-Term Fixed Income

Fixed Income Guaranteed Option \_\_\_\_\_% \_\_\_\_\_%

Fixed Income

BlackRock High Yield Bond K Fund \_\_\_\_\_% \_\_\_\_\_%
PIMCO Income Institutional Fund \_\_\_\_\_% \_\_\_\_\_%
Vanguard Inflation-Protected Securities Admiral Fund \_\_\_\_\_% \_\_\_\_\_%



## My signature

Please sign, then give this completed form to your benefits representative.

This agreement applies to amounts earned until changed by me in writing. I understand my plan sponsor may reduce my contributions only when required to meet certain plan limits. I will review all statements regularly and report any discrepancy to Principal immediately.

Signature

X

Date

/ /

Be sure you have completed all [3 steps](#)

Return your completed form to your benefits representative.

Important information

Contract/Plan ID Number: \_\_\_\_\_

Location Number: \_\_\_\_\_

## Retirement plan bene ciary designation

CTD01304

You may designate your bene ciary either online at principal.com or by completing the below form.

Follow these steps to name your bene ciary(ies): 1) Complete the Personal Information section. 2) Select one of the bene ciary choices (Choice A, Choice B or Choice C). See Page 3 for more detailed instructions and examples. 3) Name your bene ciary(ies) on Page 2. 4) Sign the form at the bottom of Page 2. 5) Return the bene ciary form to the Principal Financial Group by fax: 866.704.3481, or by mail: Principal Financial Group, P.O. Box 9394, Des Moines, IA 50306-9394.

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## My personal information (please print with black ink)

Name			Phone number		Social Security number	
_____			- -		- -	
Last	First	MI				
Address				Email address		
_____				_____		
Street	City	State	Zip			

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## My beneficiary choices (pick one)

- Choice A: Single participant** (includes widowed, divorced or legally separated)  
I am not married and designate the individual(s) named on Page 2 of this form to receive death bene ts from the plan.  
I understand if I marry, this designation is void one year after my marriage (some plans specify a shorter period).
- Choice B: Married with spouse as sole bene ciary** (spouse's signature is not required)  
I am married and designate my spouse named on Page 2 of this form to receive all death bene ts from the plan/contract.
- Choice C: Married with spouse not as sole primary bene ciary**  
[Spouse's signature required]







## Qualified Preretirement Survivor Annuity (QPSA) notice

If your spouse has a vested account in a retirement plan,  
federal law requires that you receive a special death benefit

## Important information for spouse

If your spouse has a vested account in a retirement plan,