

401(k) PLAN CONTRIBUTION AUTHORIZATION

**Employee Information:**

Name:	UIN:	Date:
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Dept. Phone:	Dept. E-mail:
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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 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:
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