

The University Corporation 403(b) Plan

Auto Enrollment Opt Out Form

I do not wish to participate in The University Corporation 403(b) Plan. By signing below, I direct The University Corporation to exclude me from any Auto Enroll program under The University Corporation 403(b) Plan. I acknowledge that I am aware that The University Corporation has a very significant matching contribution after two years of consecutive employment, and that, by opting out of this Plan, I will not be receiving this match.

Name: ______
Address: _____

Social Security Number (last four): ____XXX-XX- _____

Signature Date

Please print the following information and sign the bottom of this form.

Upon completion, please direct the original signed form to The University Corporation Payroll department.