WILLIAM MARSH RICE UNIVERSITY
403(b) Tax Deferred Annuity Plan
OPT-OUT FORM

PARTICIPANT INFORMATION

Name: _______________________________________

Employee/Student ID: E/S __ __ __ __ __ __ __ __ __

OPT-OUT ELECTION

☐ I do not wish to make any contributions to the Plan at this time, but reserve the right to contribute at a later time according to the Plan provisions.

SIGNATURE AND APPROVAL

I have read and understand the materials describing the Plan. I understand that my election to opt out will remain in effect until I affirmatively elect to contribute to the Plan. I understand that it is my responsibility to make sure that my election is properly implemented (by reviewing my payroll statements) and to notify my Human Resources representative if I think there has been an error. Moreover, I understand that if I fail to notify someone of an error within a reasonable period of time, I will be deemed to accept the manner in which my election has been implemented.

______________________   __________
(EMPLOYEE or STUDENT SIGNATURE)                        (DATE)

Please send the completed form via campus mail to MS92, scan and email to benefits@rice.edu or fax to 713-348-5479.