

# 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]

## Naming my beneficiary(ies)

Before completing, please read the instructions, examples and Qualified Preretirement Survivor Annuity notice on this form. You may name one or more primary and/or contingent beneficiaries. If you need more space to name beneficiaries or name a Trust, Testamentary Trust, or minor children (custodian for minors), please attach a separate list that you have signed and dated. Note: Unless otherwise provided, if two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares.

Name [primary beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____ / ____ / ____	_____	_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

Name [primary beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____ / ____ / ____	_____	_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

### If primary beneficiary(ies) is not living, pay death benefits to:

In most circumstances, your contingent beneficiary(ies) will only receive a death benefit if the primary beneficiary predeceases you and the death benefit has not been paid in full.

Name [contingent beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____ / ____ / ____	_____	_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

Name [contingent beneficiary(ies)]	Date of birth	Relationship	Social Security number	Percent
_____	____ / ____ / ____	_____	_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

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## Name change

Change my name from:	Change my name to:	Date
_____	_____	_____

Reason:  Married  Divorce—must attach divorce decree  Other—provide reason: \_\_\_\_\_

## My signature

This designation revokes all prior designations made under the retirement plan.

My signature (required)	Date
_____	_____

Under the penalties of perjury, I certify by my signature that all of the information on this beneficiary designation form is true, current and complete.





## 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,