



Human Resources & Payroll Department
 4400 University Drive, MS 3C3, Fairfax, Virginia 22030
 Phone: 703-993-2600; Fax: 703-993-2601

**GEORGE MASON UNIVERSITY 403(B) TAX-SHELTERED ANNUITY PLAN
 ACKNOWLEDGEMENT AND OPT-OUT FORM**

1 PARTICIPANT INFORMATION

Birth Date	____/____/____
Participation Date	____/____/____
Hire Date	____/____/____

 Social Security Number

 Last Name

 First Name

 M.I.

 Street Address and Apartment or Box Number

 City

 State

 Zip Code

(Incomplete forms will be returned to you at the address provided above.)

2 OPT-OUT ELECTION

I have received the Notice of Automatic Enrollment and Default Investment for the George Mason University George Mason University 403(b) Tax-Sheltered Annuity Plan (the "Plan")

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.

3 SIGNATURES 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.

Signature: _____

Name (Printed): _____

Date: _____