

**INVESTMENT AGREEMENT FOR THE
WICHITA STATE UNIVERSITY ICAA 403(b)
MANDATORY RETIREMENT PLAN**

This Investment Agreement ("Agreement") is entered into between the undersigned employee ("Employee") of the Wichita State University Intercollegiate Athletic Association, Inc. ("Employer"), in order for salary deferral contributions to be made to the Wichita State University Intercollegiate Athletic Association's Mandatory Retirement Plan ("Plan") with Voya Retirement Insurance and Annuity Company ("Voya") under Internal Revenue Code Section 403(b).

I. AUTHORIZATION TO MAKE MANDATORY SALARY REDUCTIONS

I understand that once I have satisfied the Plan's eligibility requirements, my participation in the Plan is mandatory. By signing this Agreement, I hereby authorize and direct my Employer to reduce my salary on a pre-tax basis by 5.5% and direct my Employer to contribute this amount to the Plan. I understand that my Employer will also contribute an additional amount equal to 8.5% of my salary to the Plan. I further understand that if I fail to sign and return this Agreement in a timely manner, I am instructing my Employer that contributions made on my behalf to the Plan be invested in a default fund designated by my Employer with Voya Retirement Insurance and Annuity Company.

II. EFFECTIVE DATE OF AGREEMENT

I understand that this Agreement will be effective as of the first pay period following the date that I complete the Agreement and return it to the Employer; provided, however, that mandatory employee contributions under this Agreement will be effective coinciding with or next following the date I satisfy the Plan's eligibility requirements, by which date I must have completed this Agreement and returned it to the Employer. I further understand that this Agreement is only effective with respect to salary received by me after its effective date. I understand that this Agreement is legally binding and irrevocable with respect to salary received by me while the Agreement is in effect.

III. DURATION OF AGREEMENT

This Agreement shall remain in force for the duration of my employment; provided. WSU-ICAA may reduce or discontinue my salary deferral contributions in any year in which this Agreement is in effect if necessary to comply with applicable provisions of the Internal Revenue Code. If I terminate employment with my Employer, this Agreement shall automatically terminate, or if WSU-ICAA terminates the Plan, this Agreement shall automatically terminate.

IV. EMPLOYEE INFORMATION

Employee Name (First, M.I., Last) *PLEASE PRINT*

EMPLOYEE WSU ID #

Employee Signature

DATE

OFFICE USE ONLY:

Eligibility Date: _____ First Contribution PR# _____, CY _____ Pay Date: _____

**INVESTMENT AGREEMENT FOR THE
WICHITA STATE UNIVERSITY INTERCOLLEGIATE ATHLETIC ASSOCIATION
VOLUNTARY RETIREMENT PLAN**

Check One: NEW Enrollment CHANGE Contributions TERMINATE Contributions

This Investment Agreement ("Agreement") is entered into between the undersigned employee ("Employee") in order for contributions to be made to the Wichita State University Intercollegiate Athletic Association's Voluntary Retirement Plan ("Plan") with Voya Retirement Insurance and Annuity Company ("Voya") under Internal Revenue Code (IRC), Section 403(b).

I. AUTHORIZATION TO MAKE SALARY REDUCTIONS

I understand that my participation in the Plan is voluntary, and that I may choose to contribute either a percentage or dollar amount of my salary per pay period, subject to the limitations of Sections 402(g), 414(v), and 415 of the IRC, which amount will be contributed by my Employer to the Plan.

I direct my Employer to reduce my salary by the following amount [*use whole dollar or percent increments*]:
_____ % or \$ _____ per pay as a **pre-tax** contribution; **and/or**
_____ % or \$ _____ per pay as a post-tax **Roth** Contribution

I direct my Employer to reduce my salary on a [*select one*] **pre-tax** or post-tax **Roth** contribution basis by the following maximum contribution limits:

up to the general dollar limit

up to the age 50 catch-up limit [*applicable only if maximum general dollar limit is also elected; for more information regarding limits, please contact your financial advisor*]

II. INVESTMENT PROVIDER

I direct my Employer to forward the amounts by which my salary is reduced under the Plan to Voya Retirement Insurance and Annuity Company (VRIAC). I represent that I have completed all necessary forms with a representative from VRICA to direct the investment of my pre-tax contributions under the Plan.

III. EFFECTIVE DATE OF AGREEMENT

I understand that this Agreement will be effective as of the first pay period following the date I return the completed document to the ICAA Business Office; provided, however, if I am not eligible to participate in the Plan, this Agreement will be effective as of the first pay period following the date I become eligible to participate in the Plan. I further understand that this Agreement is only effective with respect to salary received by me after the effective date. I understand that this Agreement is legally binding and irrevocable with respect to salary received by me while the Agreement is in effect. I understand that I may change or terminate this Agreement at any time by submitting a new Agreement

IV. DURATION OF AGREEMENT

This Agreement shall remain in force for the duration of my employment. WSU-ICAA may reduce or discontinue my salary deferral contributions in any year in which this Agreement is in effect if necessary to comply with applicable provisions of the Internal Revenue Code. If I terminate employment with my Employer, this Agreement shall automatically terminate, or if WSU-ICAA terminates the Plan, this Agreement shall automatically terminate.

V. EMPLOYEE INFORMATION

Employee Name (First, M.I., Last) *PLEASE PRINT*

EMPLOYEE WSU ID #

Employee Signature

DATE

OFFICE USE ONLY:

Eligibility Date: _____ First Contribution PR# _____, CY _____ Pay Date: _____