

Exhibit F

Post Employment 403(b) Contract Notification Form

Kent State University 2022-2023 University Faculty Separation Plan - UFSP - Faculty

Participants shall receive payment of the total UFSP benefit over 5 years, divided into 60 equal monthly payments made to an annuity contract or custodial account that is designed to meet the tax-qualification requirements of Internal Revenue Code ("IRC") Section 403(b) (a "TSA") (a "Post Employment 403(b) account"). A Participant shall designate the Post Employment 403(b) account provider that is to receive the contribution; provided, however, that any such provider must be on Kent State University's approved list of providers that is in effect at the time of the employee's resignation from employment or retirement; and the University shall continue to have authority to approve or disapprove any of the providers. The participant can access the funds each month, within the parameters of the terms of his/her selected provider's account agreement and applicable law. ESP™ benefits begin to be deposited into a 403(b) Contract on a date between October 15 and October 30 following the employee's Exit Date and will be paid on or about the 15th of each month thereafter until all payments are completed. There is NO option for participants to elect cash rather than Post Employment 403(b) deposits. The deposits into the Eligible Employee's Post Employment 403(b) account are considered employer discretionary contributions only, and not employee contributions, transfers or rollovers. Please refer tax questions to your personal advisor.

I, _____, have reviewed the 2022-2023 University Faculty Separation Plan - Faculty exhibits. (signature) My Exit Date is June 30, 2023.

Date of signature above: _____

I understand that Kent State University will be making contributions to a Post Employment 403(b) Contract account on my behalf.

Name (Please Print)

Banner ID Number

Street Address

City, State, and Zip Code

Phone Number

Work Email

PLEASE COMPLETE THE FOLLOWING INFORMATION

PLEASE VERIFY, WITH YOUR POST EMPLOYMENT 403(B) CONTRACT PROVIDER, ALL INFORMATION NEEDED FOR DEPOSITS INTO YOUR POST EMPLOYMENT 403(B) CONTRACT .

This information requested below is needed to coordinate the delivery of your monthly benefit payment to your 403(b) account.

My Post Employment 403(b) Contract provider is: _____

My Post Employment 403(b) Contract Number: _____

Address of Provider (not your local agent): _____

Phone Number of Provider (with area code): _____