STATEMENT OF ASSURANCE

By my signature below, I, _______, do hereby assure the members of the Board of Trustees of the University of Arkansas that I have voluntarily sought participation in the University of Arkansas at Pine Bluff's Voluntary Retirement Incentive Program for employees, that I have been appraised of my rights under the Age Discrimination in Employment Act and the Older Workers Benefits Protection Act, and that I have been advised by, or have had the opportunity to seek the advice and counsel of, attorneys, accountants and others who might assist me in making an informed decision concerning the Program.

_____ _____

Employee Name Date

_____ _____

Witness Date