

THE UNIVERSITY OF RHODE ISLAND DIVISION OF ADMINISTRATION AND FINANCE

RI Council on Postsecondary Education Joint Alternate Retirement Program 403(b) Defined Contribution Tax Shelter Program

Check only one:

CANCELLATION

_____I hereby request cancellation of my agreement to reduce my salary for the purchase of a Tax Shelter Retirement Choice Plus contract from ______TIAA___.

CHANGE

I hereby request to change the a	amount of n	ny salary reduct	ion to purchase a	
Retirement Choice Plus contract from	TIAA	from	% to	<u>%</u> .

NAME			XXX-XX-
Last	First	MI	Last 4 digits SS Number
Employee Signature			Date
HR Office Use Only:			
	University of R	hode Island	
Appropriation Acct. No.	Agency Name		Effective Date
Employer Representative			Date

Please return this form to the URI HR office for processing: Jerrica Men @ Jerrica.Men@uri.edu

PF-16 (revised 7/2024)