



**RI OFFICE OF THE POSTSECONDARY COMMISSIONER
403(b) Defined Contribution Tax Shelter Program**

TO: URI Office of Human Resource Administration

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 amount of my salary reduction to purchase a Retirement Choice Plus contract from _____TIAA_____ from _____ % to _____ %.

NAME _____ XXX-XX-
Last First MI Last 4 digits SS Number

Employee Signature

Date

HR Office Use Only:

Approp. Acct. No. University of Rhode Island Agency Name Date

Employer Representative

Employee Signature