

**OFFICE OF THE POST SECONDARY COMMISSIONER
TAX DEFERRED ANNUITY AGREEMENT**

I hereby authorize you to reduce my salary by _____% and with this money, excluded from my current income, to purchase an annuity for me from the following company (check one):

<u>COMPANY</u>	<u>PAYROLL CODE</u>
<input type="checkbox"/> METROPOLITAN LIFE	3
<input type="checkbox"/> TIAA	7
<input type="checkbox"/> VALIC	9

This agreement shall be legally binding and irrevocable as to the parties hereto while employment continues; provided, however, that either party may terminate this agreement by giving written notice of the date of termination.

I hereby declare that all action taken in connection therewith has been without endorsement and recommendation by you or anyone authorized by you, and I accept full responsibility for all financial tax and other consequences of my election to request the purchase of the annuity contract.

In consideration of your making this program available to me, I hereby waive all claims of every kind and nature which I may now or in the future have arising out of this program. Includes, without limitation, claims for loss or damage arising out of nonpayment of premiums on the due date thereof.

Name _____
Last First MI SS Number

Appropriation Account # University of Rhode Island Agency Name _____ Date

Employer Representative Employee Signature