

**OFFICE OF THE POST SECONDARY COMMISSIONER
TAX DEFERRED ANNUITY 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 an annuity program from _____.
Insurance Company

CHANGE

_____ I hereby request to change the amount of my salary reduction to purchase an annuity program from _____ from _____ % to _____%.
Insurance Company

NAME _____
Last First MI SS Number

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

Employer Representative Employee Signature