

# CHANGING OR CANCELING TAX SHELTERS



*(Please Print or Type!)*

Site Name: \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee's Name: \_\_\_\_\_

## CHANGING TAX SHELTERS:

Effective as of: \_\_\_\_\_, I would like to change the following Tax Deferred Annuity

*COMPANY ONLY FROM:*

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

*To:*

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

## CANCELLING TAX SHELTERS:

Effective as of: \_\_\_\_\_, I would like to cancel the following Tax Deferred Annuity

*FROM:*

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Monthly Amount: \$ \_\_\_\_\_

I understand that this change will take effect when the Payroll Department receives this completed and signed form by the 10<sup>th</sup> of the month. I therefore authorize the **Natomas Unified School District** to make the above changes and that no other changes can be made unless I, the undersigned, complete another Change or Cancellation Form.

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Date)