

TO: Benefits Office
Human Resources
140 McKenny Hall

SUBJECT: Tax Deferred Annuity Stop Request

RE: _____
Employee Name

Employee SS#

E _____
Employee I.D. #

I would like to stop my TDA/SRA/Commonwealth/457(b) (circle one only) contributions effective _____.
Date

I understand by stopping this contribution, I will be unable to resume contributions until January 1st of the next calendar year.

Employee Signature

Date Signed

Department

Department Telephone Number

Processed on: _____
Effective pay ending: _____
_____ Benefits Representative - EMU

Cc: Tax Deferred Annuity File