



IRVINGTON PUBLIC SCHOOLS
Office of the Assistant Superintendent

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TAX SHELTERED ANNUITY PROGRAM

AUTHORIZATION FORM

(INITIATE, CHANGE, OR TERMINATE)

403B

457B

EMPLOYEE'S NAME: _____

SSN: _____

TSA TYPE: _____

EFFECTIVE DATE: _____

OLD AMOUNT: _____

NEW AMOUNT: _____

I authorize the Irvington Board of Education to make the changes indicated above to my existing Tax Shelter Annuity and forward the funds to my TSA Program provider indicated above.

Employee Signature

Date