



## TAX SHELTERED ANNUITY PROGRAM

### SUMMER AUTHORIZATION FORM

### (INITIATE, CHANGE, OR TERMINATE)

403B

457B

EMPLOYEE NAME: \_\_\_\_\_

LAST 4 DIGITS OF 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 money to my TSA Program provider indicated above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date