



TAX SHELTERED ANNUITY PROGRAM

SUMMER AUTHORIZATION FORM

(INITIATE, CHANGE, OR TERMINATE)

403B

457B

EMPLOYEE NAME: _____

LAST 4 DIGITS OF SSN: _____

TSA PROVIDER: _____

EFFECTIVE DATE: _____

OLD AMOUNT: _____

NEW AMOUNT: _____

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

Employee Signature

Date