



IRVINGTON PUBLIC SCHOOLS  
Office of the Assistant Superintendent for Business/  
Board Secretary

**Reggie Lamptey, CPA**  
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## TAX SHELTERED ANNUITY PROGRAM

### AUTHORIZATION FORM TO

### (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.

**Please note: You will need to execute a separate form for summer deductions.**

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

\_\_\_\_\_  
Date