



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

Craig Smith, QPA
*Interim Assistant Superintendent for Business/
Board Secretary*

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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