

# CHANGE FORM FOR 403(B) PLAN

\_\_\_\_\_  
NAME OF COMPANY/SCHOOL DISTRICT

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

\_\_\_\_\_  
EMPLOYEE SSN

CODE	NAME OF PROVIDER	AMT. CHANGED FROM	AMT CHANGED TO
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

I HEREBY REVOKE MY SALARY REDUCTION AGREEMENT FOR THE FOLLOWING 403(B) AND/OR 403(B)(7) PLAN(S):

_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

TERMINATE MY PARTICIPATION IN THE TSA PLAN: \_\_\_\_\_  
EMPLOYEE'S INITIALS

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE