

**THE UNIVERSITY OF MEMPHIS
TAX-DEFERRED ANNUITY TERMINATION**

EMPLOYEE _____

SOCIAL SECURITY NUMBER _____

() BI-WEEKLY PAID () MONTHLY PAID

FINAL DEDUCTION TO BE MADE ON PAYROLL DATED _____

<u>COMPANY</u>	<u>CO CODE</u>	<u>AMOUNT PER PAYROLL</u>
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(1) _____		\$ _____
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(2) _____		\$ _____
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(3) _____		\$ _____
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TOTAL AMOUNT _____		\$ _____
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REMARKS

I hereby request termination of the current agreement under which the University is purchasing for me the annuity(s) listed above under Section 403 (b) of the Internal Revenue code.

SIGNATURE _____ **DATE** _____

Accepted and approved for The University of Memphis:

BY _____ **DATE** _____