

Rhode Island Board of Governors
for Higher Education
301 Promenade Street
Providence, Rhode Island 02908-5748
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**BOARD OF GOVERNORS FOR HIGHER EDUCATION
TAX DEFERRED ANNUITY PROGRAM**

TO: URI Office of Human Resource Administration

Check only one:

CANCELLATION

_____ I hereby request cancellation of my agreement to reduce my salary for the purchase of an annuity program from _____.
Insurance Company

CHANGE

_____ I hereby request to change the amount of my salary reduction to purchase an annuity program from _____ from _____ % to _____%.
Insurance Company

NAME _____
Last First MI SS Number

_____ University of Rhode Island _____
Appropriation Account No. Agency Name Date

Employee Signature

Employer Representative Signature