Ball State University CANCELLATION OF VOLUNTARY DEDUCTION AUTHORIZATION

Use this form to stop (cease) your deduction contributions to the: 403(b) Tax Deferred Annuity

403(b) Roth Plan

457(b) Deferred Compensation Plan

1.	Name:	2. BS	SU ID	_
3.	3. My job classification and normal, contractual number of pays is (circle one):			
	Faculty: 10 pays	s Professional/exempt: 12 pays St	taff: 26 pays Staff: 20 pays	
Ы	ease note:			
Co co In	ompensation. It is intribute to all thre	erent savings plans – 403(b) Tax Deferred Ann important you indicate the Plan of your choice e plans, you will need to complete two Cancell type of plan can be obtained by contacting the Office.	e when completing this form. If you llation forms, one for each plan.	
	I here by revoke which plan):	e/cancel the authority previously given for my p	participation in the optional (please indicate	ite
	Effective:	Faculty/Professioanl effective date is the 1 Staff – effective date is the beginning of ar ASAP: deduction will cease as soon as po	for a specific date) 1st day of any month any payperiod	
	To the following	and payroll deadline company:	For PEB use only:	
		ING Life Insurance and Annuity Company		
		American United Life Insurance Company		
		Equitable Life Assurance Society of the United States		
		Fidelity Investments Tax-Exempt Services Company	ss	
		Lincoln National Life Insurance Company		
		TIAA-CREF (Teachers' Insurance and Annuity Associal If you enroll in TIAA-CREF, you <u>must</u> indicate RA (Ret Supplemental Retirement Contact)*		
		RA (Group Retirement Annuity Contract(s))	0 ((())	
		GSRA (Group Supplemental Retirement Annuity	(Contract(s))	
	taxable year of Revenue code.	ny election at any time provided no more Agre the employee than the number permitted unde derstand, and comply with the above.		
	Signature:		Date:	
	Payroll and Fm	olovee Benefits:	Date:	