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. BSU ID ________________________________

3. My job classification and normal, contractual number of pays is (circle one):
   Faculty: 10 pays Professional/exempt: 12 pays Staff: 26 pays Staff: 20 pays

Please note:
There are three different savings plans – 403(b) Tax Deferred Annuity, 403(b) Roth and 457(b) Deferred Compensation. It is important you indicate the Plan of your choice when completing this form. If you contribute to all three plans, you will need to complete two Cancellation forms, one for each plan. Information on each type of plan can be obtained by contacting the investment vendors or the Payroll and Employee Benefits Office.

I hereby revoke/cancel the authority previously given for my participation in the optional (please indicate which plan):

   ____ 403(b) Tax Deferred Annuity Plan
   ____ 403(b) Roth Plan
   ____457(b) Deferred Compensation Plan

Effective:
   ____ As soon as administratively possible OR
   ____ Effective ___________________ (use for a specific date)
   Faculty/Professional effective date is the 1st day of any month
   Staff – effective date is the beginning of any payperiod
   ASAP: deduction will cease as soon as possible based upon receipt date and payroll deadline

To the following company:

   ____ 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
   ____ Lincoln National Life Insurance Company
   ____ TIAA-CREF (Teachers' Insurance and Annuity Association Retirement Equities Fund)
   If you enroll in TIAA-CREF, you must indicate RA (Retirement Annuity Contract) or GSRA (Group Supplemental Retirement Annuity Contract)*

   ____ RA (Group Retirement Annuity Contract(s))
   ____ GSRA (Group Supplemental Retirement Annuity Contract(s))

For PEB use only:

   SS __

I may change my election at any time provided no more Agreement (changes) may be made within any taxable year of the employee than the number permitted under applicable Treasury Regulations/Internal Revenue code.
I have read, understand, and comply with the above.

Signature: ________________________________  Date: ______________

Payroll and Employee Benefits: ______________  Date: ______________