



Business Office
304 New York Avenue
Oak Ridge, TN 37831
(865) 425-9004
(865) 425-9060 Fax

TAX SHELTERED ANNUITY SALARY WITHHOLDING AUTHORIZATION

NAME OF EMPLOYEE

SOCIAL SECURITY NUMBER

I hereby authorize and direct the officers of Oak Ridge Schools to withhold as a salary reduction for Tax Sheltered Annuity purposes \$ _____ per check from my salary as agreed between me and _____
(**Name of Company**) and as stated on the billing from said company or organization for a retirement annuity to be purchased for my benefit from said company or organization beginning with the payroll to be **dated** _____; and I further authorize said officers to make payments on such retirement annuity to said company or organization according to the terms of said annuity contract; and I understand that in order for me to discontinue said withholding authorization it will be necessary for me to personally execute the "Tax Sheltered Annuity Cancellation Form".

Signature: _____
Employee

Date: _____

Signature: _____
Financial Advisor

Date: _____

Company Name

Phone: _____

Signature: _____
ORS Finance Director

Date: _____