



**Business Office**  
304 New York Avenue  
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**TAX SHELTERED ANNUITY SALARY WITHHOLDING**  
**CANCELLATION FORM**

I hereby request the cancellation of my tax sheltered annuity agreement with

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(Name of Company)

Effective: \_\_\_\_\_

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Signature of Employee

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Date

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Social Security Number

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Date

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Finance Director

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Date