

**EAST WINDSOR PUBLIC SCHOOLS**

70 South Main Street

East Windsor, CT 06088

Tax Shelter Annuity Payroll Deduction Authorization

- I. I, \_\_\_\_\_, authorize East Windsor Public Schools to reduce my salary in accordance with the following schedule so that I may obtain the benefits of deferred compensation of Section 403(B) of the I.R.S. Code.
- II. Effective \_\_\_\_\_, reduce my salary by \$\_\_\_\_\_ per pay period, not to exceed \$\_\_\_\_\_ per fiscal year as outlined in the annuity contract, a copy of which is attached.
- III. **I agree that the amounts specified in this agreement may not exceed the limits of Internal Revenue Code Sections 401 (a) (30), and 402 (g) (1) and 415.** I further agree to promptly notify the Business Office, East Windsor Public Schools, in writing should I cancel the above deduction authorization.
- IV. The above mentioned reductions are to be submitted in my name to:

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

- V. The authorization affects the following:

\_\_\_\_\_ New Authorization                      \_\_\_\_\_ Change of Company  
\_\_\_\_\_ Change of amount                      \_\_\_\_\_ Cancel deduction for above

- VI. I am aware that the East Windsor Public Schools Business Office will receive billing and forward payments to the above named annuity company.

- VII. Employee Signature \_\_\_\_\_  
Employee Address \_\_\_\_\_  
Date Signed \_\_\_\_\_