



ANNUITY CANCELLATION FORM

DATE: _____
TO: Accounting/Finance Payroll Department
RE: Cancellation of Annuity

Please cancel my annuity with _____ Insurance

Company in the amount of _____ effective

_____. I understand that this cancellation may not take effect
(date)

until the following payroll, based on payroll cutoffs and the date of my

submission of this form.

Signature

Name (please print)

Department/School

Employee ID # / or last four digits of SSN