

Rhode Island Board of Governors for Higher Education 301 Promenade Street  
Providence, Rhode Island 02908-5748  
Tel: 401-222-6560 Fax: 401-222-6111 TDD 401-222-1350

**BOARD OF GOVERNORS FOR HIGHER EDUCATION  
TAX DEFERRED ANNUITY PROGRAM**

TO: CCRI Human Resources Office

Check only one:

**CANCELLATION**

\_\_\_\_\_ I hereby request cancellation of my agreement to reduce my salary for the purchase of an annuity program from \_\_\_\_\_.  
Insurance Company

**CHANGE**

\_\_\_\_\_ I hereby request to change the amount of my salary reduction to purchase an annuity program from \_\_\_\_\_ from \_\_\_\_\_ % to \_\_\_\_\_ %.  
Insurance Company

NAME \_\_\_\_\_  
Last First MI SS Number

\_\_\_\_\_ Community College of RI \_\_\_\_\_  
Appropriation Account No. Agency Name Date

\_\_\_\_\_  
Employee Signature Employer Representative Signature