Rhode Island Board of Governors
For Higher Education
301 Promenade Street
Providence, RI 02908-5748
Telephone 401 222-6560
Facsimile 401 222-6111
TDD 401 222-1350

BOARD OF GOVERNORS FOR HIGHER EDUCATION
TAX DEFERRED ANNUITY AGREEMENT

I hereby authorize you to reduce my salary by _____% and with this money, excluded from my current income, to purchase an annuity for me from the following company (check one):

COMPANY	PAYROLL CODE
☐ METROPOLITAN LIFE	3
☐ TIAA/CREF	7
☐ VALIC	9

This agreement shall be legally binding and irrevocable as to the parties hereto while employment continues; provided, however, that either party may terminate this agreement by giving written notice of the date of termination.

I hereby declare that all action taken in connection therewith has been without endorsement and recommendation by you or anyone authorized by you and I accept full responsibility for all financial tax and other consequences of my election to request the purchase of the annuity contract.

In consideration of your making this program available to me, I hereby waive all claims of every kind and nature which I may now or in the future have arising out of this program. Includes, without limitation, claims for loss or damage arising out of nonpayment of premiums on the due date thereof.

I understand that no more than one salary reduction agreement by made within any taxable year.

Name_____ _____
Last First M.I. SS Number

_____ Community College of RI _____
Appropriation Account # Agency Name Date

_____ _____
Employee Signature Employer Representative Signature

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