

SEND COMPLETED FORM TO:

Human Resources
NAFCS Administration Building
2813 Grant Line Road
New Albany, IN 47150

Notice: This is an official School Corporation Form. You must complete this form in order to terminate your salary reduction agreement. However, it is not a substitute for any forms your agent or vendor may also require. Check with your agent or vendor for any additional forms that may be needed.

NEW ALBANY-FLOYD COUNTY SCHOOLS 403(b) CHANGE OR TERMINATE FORM

Notice: This form is used only to:

- 1. change Vendors;**
- 2. change dollar allocations to Vendors**
- 3. terminate your Salary Reduction Agreement.**

Employee Name

Employee Address

Employee Date of Birth

Employee Social Security Number

I hereby request that the following changes be made to my Vendor through the New Albany-Floyd County Schools 403(b) Plan. I understand the change will be effective as soon as possible following the date I return this completed form to Human Resources.

Complete this section to stop all contributions:

Company

Complete this section to change Vendors and/or Dollar Amount:

<u>VENDORS</u>	<u>DOLLAR AMOUNT PER PAY PERIOD</u>	
	<u>TRADITIONAL</u>	<u>ROTH</u>
Ameriprise Financial Services	\$ _____	
AXA Advisors	\$ _____	
Oppenheimer Funds	\$ _____	\$ _____
Fidelity Retirement Services	\$ _____	\$ _____
American Century	\$ _____	
First Investors Corporation	\$ _____	
Security Benefits	\$ _____	
Lincoln Financial Group	\$ _____	
TIAA-CREF	\$ _____	
Valic (AIG Retirement)	\$ _____	
	TOTAL	\$ _____

Date

Employee Signature

FOR OFFICE USE ONLY

To be completed by the 403(b) Plan Representative

Date of first Payroll Deduction: _____