



DUnfc ``CZqW'

3923"Y tki j v'Utggv

O cf kuqp."Y K75926"

Rj qpg"\*82: +47: /4658"

"

### GUUfmFYXi Wjcb'5 [ fYYa Ybh

\*O cf kuqp'Ctgc"Vgej plecniEqngi g'F kxtlev"Vcz"Uj gngtgf 'Cpwwk' 'Rrcp+"

I hereby request that the employment relationship between us be modified to substitute the payment of deposits for the purchase of a tax sheltered annuity on my behalf in lieu of a portion of the compensation otherwise payable directly to me so that I may obtain the benefit of Section 403(b) of the Internal Revenue Code of 1986, as amended, under the Madison Area Technical College District Tax Sheltered Annuity Plan.

**I hereby authorize you to:**

**Reduce my payroll compensation beginning, \_\_\_\_\_ 20,\_\_\_\_\_**

**and for subsequent checks by the sum of \$ \_\_\_\_\_ per payroll.**

**Tax Sheltered Annuity (TSA) Name  
where account has been established: \_\_\_\_\_**

**TSA Company Address: \_\_\_\_\_  
\_\_\_\_\_**

The amount designated in this Agreement will continue as specified above unless terminated or modified in writing at least two weeks prior to the date the change is to be effective. Deductions are made on the 1<sup>st</sup> and 2<sup>nd</sup> payroll each month.  
No deduction is made on the 3<sup>rd</sup> check of any month.

I agree that the amount specified in this Agreement may not exceed the limits of the Internal Revenue Code, and I am responsible for any excess contributions.

**Employee Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Print Name \_\_\_\_\_**

**Employer  
Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Please make a copy for your records**