

ANNUITY AUTHORIZATION FORM

MANCHESTER PUBLIC SCHOOLS  
45 NORTH SCHOOL STREET  
MANCHESTER, CT 06042

I, \_\_\_\_\_ **EMPLOYEE #** \_\_\_\_\_ authorize the  
**Print Name**

Manchester Board of Education Payroll Department to make deductions to my salary in accordance with the following schedule so that I may obtain the benefits of deferred compensation of Section 403(b) of the Internal Revenue Code.

**Effective** \_\_\_\_\_, 20\_\_\_\_ I authorize the following:

**(Circle One)**

**A. New Authorization\***

\_\_\_\_\_ **Bi-weekly Amount** \_\_\_\_\_ **Name of Company/Account #**

**\*To confirm that your account is established and ready to receive contributions, please attach a signed company authorization form for new enrollments!**

**B. Change to present company**

\_\_\_\_\_ **Bi-weekly Amount** \_\_\_\_\_ **Name of Company**

**C. Cancellation**

\_\_\_\_\_ **Bi-weekly Amount** \_\_\_\_\_ **Name of Company**

**CHECK BOX IF YOU WISH TO EXERCISE THE OVER 50 AT RUP LIMIT**

I understand that I must submit a company salary reduction agreement signed by an agent along with this Board of Education form. The company of choice must be on our approved list.

Changes/additions can be made as follows:

**BY THE 15<sup>TH</sup> OF EACH MONTH TO TAKE EFFECT THE FIRST PAYROLL OF THE FOLLOWING MONTH.**

The Manchester Board of Education will receive all billing and will forward monthly payments to the above-named annuity company. My annuity company has agreed to forward all premium notices directly to the following address:

Manchester Board of Education  
Payroll Department  
45 North School Street  
Manchester, CT 06042

Agent's Name (Print)

Address

Phone

**Employee's Signature**

**School/Location**

**Date**

Authorization received by Payroll \_\_\_\_\_ by \_\_\_\_\_  
Date Name/Title