



TO: Tax Shelter Coordinator
Human Resources Department

SUBJECT: Cancellation/Suspension of Tax Shelter Annuity (TSA)

I no longer wish to contribute to the TSA plan as indicated below. The effective date I request is for the _____ pay period. (Example: February pay period is the check issued to you on March 1st.)

Company #1. _____

Company #2. _____

Name (print): _____

Social Security #: _____

Daytime phone: _____ Home phone: _____

E-mail address: _____

Mailing address: _____

Your signature _____ **Date:** _____

Important Notification

If you are electing to cancel your existing account(s) because you have decided to withdraw contributions or initiate a roll-over to another investment/company YOU MUST WAIT UNTIL YOUR FINAL DEDUCTION HAS BEEN RECEIVED BY THE PLAN YOU ARE CLOSING. Contact Paul Aires, Human Resources Department for questions (415) 338-2683.