PRINCETON UNIVERSITY

Tax Deferred Annuity Plan Termination Agreement

Please Print:

Name: _____
Last *First* *MI*

Social Security Number: _____

Extension: _____ E-Mail Address: _____

Department: _____

Department Address: _____

Check One: ☐ Biweekly Paid Staff ☐ Faculty or Monthly Paid Staff

Termination of Agreement

☐ Please terminate my Tax Deferred Annuity Plan Agreement. I understand that I must sign a new Tax Deferred Annuity Plan Agreement if I want to participate in this Plan in the future.

By signing this Agreement, I certify that I have read all the conditions for participation and that I will comply with all the rules and procedures set forth on this form.

_____ _____
(Employee Signature) *(Date)*

TAX DEFERRED ANNUITY PLAN AGREEMENT: GENERAL RULES AND PROCEDURES

1. Please read the entire Agreement carefully before completing and signing. This completed form is to be returned to your Office of Human Resources indicated below.

2. If this Agreement form is received after the applicable payroll period closes, the Office of Human Resources may change the Agreement's effective date.

3. Once this Agreement is received, it is a legally binding contract between you and Princeton University.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT YOUR OFFICE OF HUMAN RESOURCES:

Main Campus Faculty and Staff
Office of Human Resources
1 New South
609-258-9109
Email: erichard@princeton.edu

PPPL Staff
Division of Human Resources
Lyman Spitzer Building, MS 33
609-243-2101
email: kmastrom@pppl.gov

Office Use Only:
Employee Number _____ *Effective Date* _____ *Staff* _____ *Per Pay Amount/Plan Type*_____

OHR 1/06

Please make a copy for your records before you return the completed and signed form to your Office of Human Resources.