

CANCELLATION OF TAX SHELTER ANNUITY

I, _____, wish to cancel the Amendment of Employment Contract signed on _____, which purpose was to enable me, the employee, to participate in an annuity program, as described in Section 403, Subdivision (b) of the Internal Revenue Code of 1954, as amended, and corresponding provisions of the California Revenue and Taxation Code.

Beginning with the salary warrant payable on _____, (YR) _____, the District shall cancel the monthly salary reduction previously authorized in the amount of \$_____.

It is my responsibility to contact the issuing agent concerning the cancellation of subsequent Tax Shelter Annuity remittances. I acknowledge that the District has made no representation to me regarding the advisability or tax consequences of this cancellation. Furthermore, I release the District, its officers, or employees from any liability for loss resulting from said cancellation.

Employee's Name (Print) _____ SS# _____

Employee's Signature _____ Date _____

Please return this form to District Payroll Services. If you have any questions, please contact your Payroll Coordinator at (650)949-6263.