

COLLEGE of
CHARLESTON

HUMAN RESOURCES

ANNUITY AMOUNT CHANGE FORM
SUPPLEMENTAL RETIREMENT ACCOUNTS

Name:

College of Charleston ID# (CWID):

Please change the amount of my annuity from \$ _____ per
paycheck to \$ _____ per paycheck effective _____
_____ (date).

Please indicate which annuity you would like to change:

SC DEFERRED COMPENSATION

401k Plan (tax deferred)

457 Plan (tax deferred)

Roth 401k Plan (non-tax deferred)

403b PLAN

TIAA CREF

VALIC Retirement

ING Aetna

Metlife

Other:

Signature:

Date: