

College of Charleston

ANNUITY AMOUNT CHANGE FORM SUPPLEMENTAL RETIREMENT ACCOUNTS

Name:

College of Charleston ID (CWID):

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

I am employed with the College of Charleston.

Please check one:

Deferred Comp.	Which type of account?
TIAA/CREF	401 (k)
AIG_Retirement	457
ING Aetna	403 (b)
MetLife	
Other:	

Signature:

Date:

Sb/

HR-AA2002