SUPPLEMENTAL RETIREMENT **STOP** REQUEST

_____   _____

Printed Name   Employee ID #

_____

Social Security Number

I request that the University of Wyoming stop all contributions to the following tax sheltered Supplemental Retirement Annuity:

_____   _____

Company Name   Effective Date

_____   _____

SIGNATURE (original)   Date

_____   _____

E-mail Address   Phone Number

**Please Note ** This form must be received by the Payroll Office at least 31 days before the effective date.

** Payroll Office use only

_____   _____

Contribution Amount   Match

_____   _____

Initials   Date Processed