

**STOP TSA PAYROLL DEDUCTION**  
**REQUEST FORM**

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (MI)

SOCIAL SECURITY # : \_\_\_\_\_

My policy is with: \_\_\_\_\_  
(Company Name)

In the amount of: \_\_\_\_\_

I hereby request that you stop further payroll deductions for this  
Tax Sheltered Annuity.

**Final** deduction from my \_\_\_\_\_ paycheck  
(Last month you want deduction taken from )

I understand that it is my responsibility to notify my agent/company.

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(Signature)

Return completed form via Courier Rt. E  
or US Mail (PCSB PO Box 391 Bartow, FL 33831)  
To the attention of: Risk Management