

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER  
AT FORT WORTH  
AUTHORIZATION TO TERMINATE  
OPTIONAL RETIREMENT PROGRAM/TAX SHELTERED ANNUITY**

---

EMPLOYEE (print) \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

---

**TAX SHELTERED ANNUITY (for employees not terminating employment)**

Terminate contributions with \_\_\_\_\_  
Carrier Name

effective for the month of July, 20\_\_\_\_ and the check received on the first working day of \_\_\_\_\_, 20\_\_\_\_.

---

**FOR EMPLOYMENT TERMINATIONS ONLY**

Optional Retirement Program contributions to \_\_\_\_\_ will be terminated.  
Carrier Name

Tax Sheltered Annuity contributions to \_\_\_\_\_ will be terminated.  
Carrier Name

\_\_\_\_\_  
Date of Termination

\_\_\_\_\_  
Vesting Date

---

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HUMAN RESOURCE SERVICES REPRESENTATIVE

\_\_\_\_\_  
DATE

Distribution: Original - Human Resource Services  
Copies - Carrier(s), Employee