

CARRIER CHANGE 403(b) PENSION CONTRIBUTIONS

Employee Name
UST ID #

I authorize the University of St. Thomas to change my

_____ university-provided pension plan contributions from
_____ **(Carrier) to**
_____ **(Carrier)**

_____ voluntary pension plan contributions from
_____ **(Carrier) to**
_____ **(Carrier)**

effective _____ (Date).

Signature	Date
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OFFICE USE ONLY

First Pay Date Effective
