591 North Ave Door #2, 1st Floor
Wakefield, MA 01880
Fax: (866) 389-4400

AUTHORIZATION FOR PAYROLL DEDUCTIONS SUPPLEMENTAL RETIREMENT ANNUITY

1. _____ _____ _____
Last Name First Name Middle Initial

2. Additional Personal Contributions _____

Total weekly deduction of $_____ are to be deducted from my salary

Beginning on _____

3. _____ _____
Signature Date

For in-house use only.