



403(b) TERMINATION REQUEST

Please discontinue my contribution to the CMCSS 403(b) Tax Deferred Savings Program through MetLife Resources.

Effective date: _____

I understand that my election to discontinue will remain in effect until such time as I affirmatively elect to contribute to the Plan by completing the required paperwork.

Printed Name

Munis ID

Signature

Date

****Please return completed form to the Benefits Office in the Human Resources Department at Central Services-Gracey.**