

COLLEGE of  
CHARLESTON

HUMAN RESOURCES

ANNUITY AMOUNT CHANGE FORM  
SUPPLEMENTAL RETIREMENT ACCOUNTS

Name: \_\_\_\_\_

College of Charleston ID# (CWID): \_\_\_\_\_

Please change the amount of my annuity from \$\_\_\_\_\_ per paycheck to  
\$\_\_\_\_\_ per paycheck effective \_\_\_\_\_ (date).

Please indicate which annuity you would like to change:

SC DEFERRED COMPENSATION

401k Plan (tax deferred)

457 Plan (tax deferred)

Roth 401k Plan (non-tax deferred)

Roth 457 Plan (non-tax deferred)

403b PLAN

TIAA CREF

VALIC Retirement

MassMutual

Metlife

Other:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_