



Voluntary Investment Program

VIP Cancellation Form

I authorize the cancellation of my existing Voluntary Investment Program (VIP) deduction effective as of the first pay period that is at least 10 days after this form is received by the Benefits Office.

Print Name

Date

Social Security Number *

Signature

Box#

Campus Phone

Privacy Act Statement: Your Social Security number is required on this form to ensure compliance with Internal Revenue Code retirement tax reporting requirements.

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