



**IAP/IAA Service Center**  
 Attn: Customer Service  
 P.O. Box 19009  
 Greenville, SC 29602-9009  
 Tel: (866)363-3290 Fax: (866)368-0095

**Deferment of Salary  
 Increase or Reduction  
 of Salary**

**Check One:**

**Please print using dark ink**

- IA American (IAA)
- Industrial Alliance Pacific Insurance and Financial Services Inc. (IAP)  
 (DBA in CA as Industrial-Alliance *Pacific* Life Insurance Company, United States Branch)  
 (DBA in OR as Industrial-Alliance *Pacific* Life insurance Company)

Date: 

(M	M	D	D	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

**To: Payroll Officer**

I hereby request that my salary contract be modified so that part of the compensation which otherwise would be payable directly to me will instead be used in payment of annuity premiums under the terms of Sec. 403 (b) of the Internal Revenue Code.

For this purpose you are authorized to reduce my annual salary in the amount of: \$ \_\_\_\_\_ per year beginning on 

(M	M	D	D	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Payments shall be paid \$ \_\_\_\_\_ per month on a \_\_\_\_\_ pay basis.

Apply such amount in payment of premiums on a contract in which I shall be designated owner, to be issued by IAP or IAA and paid each year in like manner until further notice.

Months to be Excluded (Circle Exclusions) 

J	F	M	A	M	J	J	A	S	O	N	D
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Name of Employee: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_  
PLEASE PRINT

Representative Name and Number: \_\_\_\_\_ Representative Signature: \_\_\_\_\_  
PLEASE PRINT

Representative Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_