

DUES DEDUCTION AUTHORIZATION FORM
State Universities Retirement System of Illinois

Submitted by the

NORTHERN ILLINOIS UNIVERSITY ANNUITANTS ASSOCIATION (NIUAA)
c/o Provost's Office, 307 Lowden Hall
Northern Illinois University
DeKalb, IL 60115

I hereby authorize the State Universities Retirement System (SURS) to deduct each month the amount of \$1.50 (\$3.00 if spouse is joining) to be credited to the NIUAA Chapter of the State Universities Annuitant Association at the above address. The deduction is to start the first day of July, 2002, or as soon thereafter as possible and will continue until I inform SURS otherwise. I also authorize SURS to provide change of address information to the Chapter.

Name _____
Last First M.I.

Spouse _____
Last First M.I.

Address _____
Street Address City State Zip Code

*Social Security Number _____
*SURS must have the SSN for its record keeping system.

Home Telephone (_____) _____

NIU Retiree _____ (\$1.50) Annuitant and Spouse _____ (\$3.00) Survivor of NIU Retiree _____ (\$1.50)

*Signature _____

Date _____
*SURS must have your signature authorizing this dues deduction.

PLEASE DO NOT FORWARD THIS FORM TO SURS, BUT RETURN IT TO THE NIUAA CHAPTER AT THE ADDRESS LISTED ABOVE.

If you have any questions, please contact the Provost's Office (Darla Brantley at 753-8380 or email darlab@niu.edu) or the NIUAA Treasurer (Larry Sallberg at 753-6061 or email at lsallber@niu.edu).