

# Dollar Cost Averaging Cancellation

Please print using blue or black ink.

**1 Instructions** Complete all sections of this form to cancel all future Dollar Cost Averaging (DCA) transfers. Sign and date the form and send it to the address above. You may send it by fax to **1-800-242-7248**. You may call toll free **1-800-223-7473** with any questions, Monday - Friday, 8:30 a.m. - 6:00 p.m., Eastern time.

**Participant Information**

First name of participant \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_-\_\_\_\_\_  
 Group control number **1 4 2 7 3** Social Security number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Daytime telephone number \_\_\_\_\_-\_\_\_\_\_  
 Has insurance been assigned? Yes  No  Account number **0 0 0** \_\_\_\_\_-**7**

**3 Signature** Please cancel all future DCA transfers.

Participant's signature **X** \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

Assignee's signature **X** \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  
 (if applicable)

*Written DCA cancellation requests received by the tenth day of the month will take effect during the next month. Requests received after the tenth day of the month will take effect during the month immediately following the next succeeding month.*

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