



Division of Business and Operations

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**HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
457 DEFERRED COMPENSATION PLAN**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ BIRTHDATE: _____

DATE LAST WORKED: _____

SSN: _____

**I AM AUTHORIZING HAYS CISD TO SUBMIT THIS REQUEST FOR
WITHDRAWAL TO PARS**

SIGNATURE

DATE SIGNED

**PARS (PUBLIC AGENCY RETIREMENT SYSTEM) WILL SEND THEIR
DOCUMENTATION TO COMPLETE AND THEN ISSUE CHECKS DIRECTLY
TO THE PARTICIPANT.**

PARS: 1-800-540-6369