



Personal Information

Form with fields for Name, Account Number, Address, City, State, & ZIP, Home Phone Number, Work Phone Number, Email Address, and contact preference (Telephone/Email).

Plan Transfer From

- Checkboxes for City of Chicago Deferred Compensation Plan, Cook County Forest Preserve Deferred Comp. Plan, Cook County Employees Deferred Compensation Plan, and Other.

NOTE: In accordance with the provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001, your plan has elected to allow the use of all or a portion of a 457 Deferred Compensation Plan account balance to purchase permissive service credits or for the repayment of service credits to a governmental defined benefit (pension) plan (as defined in IRC Section 414(d)).

Pension Fund Verification

Please consider this as confirmation of the balance due of \$_____ if paid by _____. Payments made and balances due after this date may accrue additional interest.

Pension Board Authorized Signature: _____ Date _____

(The individual signing this request must be an authorized signer of the appropriate pension board and acknowledges that the pension board, as checked below, will accept this request for the benefit of the participant from a Section 457 Deferred Compensation Plan.) Or you may attach a signed letter from the Pension Board indicating the amount of eligibility.

- Checkboxes for various pension funds: Municipal Employees' Annuity and Benefit Fund of Chicago, Policemen's Annuity and Benefit Fund of Chicago, Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago, Firemen's Annuity and Benefit Fund of Chicago, Illinois Municipal Retirement Fund, State Universities Retirement Systems, State Retirement Systems, Park Employees' Annuity & Benefit Fund of Chicago, and Public School Teachers' Pension & Ret. Fund of Chicago.

Participant understands that to effect this transfer, investment options will be liquidated in the order established by the plan sponsor. Transfer requests must be authorized by the appropriate pension board and received by Nationwide Retirement Solutions by the 15th of the month to be processed by the end of the month. The Plan Sponsor and its Third-Party Administrator assumes no responsibility for any investment losses the participant may experience as a result of this transfer or attempt to transfer. By making said transfer on behalf of participant, Plan Sponsor and its Third-Party Administrator make no warranties or representations as to whether any such transfer will be construed as a taxable event or whether receiving plan may lawfully accept such transfers.

Participant Signature: _____ Date: _____