



STATE EMPLOYEES' DEFERRED COMPENSATION PLAN LUMP SUM DEFERRAL FORM

Type or print clearly in ink. Initial any corrections, additions, deletions, or changes in pen. For more information, call the Deferred Compensation Division at (217) 782-7006 or (800) 442-1300, Ext. 3.

Scan forms to: CMS.Ben.DefComp@illinois.gov

Last Name

First Name

Middle Initial

SSN

Street

City

State

ZIP Code

Birth Date

Agency or University

Email Address

Home/Cell Phone

Work Phone

SECTION A: PARTICIPANT STATUS - New and former participants should complete Section D. Current participants must contact the Plan Recordkeeper to change their investment mix.

Current Participant New or Former Participant

SECTION B: TYPE OF CONTRIBUTION - A separate form must be completed for each contribution type.

Pre-tax Roth (After-tax)

SECTION C: AMOUNT OF CONTRIBUTION - Indicate the amount to be deducted from your lump sum payout using the space below. Indicate the pay period your lump sum payout will be processed on using the spaces below. You must complete this form no later than the end of the month prior to whichever month that your lump sum will be processed.

_____ from my lump sum payout on the First Second pay period in _____ (month/year)

SECTION D: INVESTMENT MIX - New participants only. Designate the investment fund(s) for your lump sum contribution. **The total must equal 100%. Use only whole numbers (no decimals or fractions).** You may have only one investment mix if you are making both pre-tax and Roth contributions. If an election mix is not selected, or is not clear, you will be defaulted into the Plan's Default Investment Alternative ("DIA"). The Plan's DIA is the Target Retirement Fund that most closely matches the year that you will turn 65.

These funds are one-step options that make it easy for you to invest for retirement. Simply choose the fund with a target date closest to the year in which you plan to retire and your funds will be managed for you.

These funds are the options if you want to select your own investment mix.

Target Retirement Funds:

_____ % Target Retirement 2065 Fund	_____ % Target Retirement 2035 Fund
_____ % Target Retirement 2060 Fund	_____ % Target Retirement 2030 Fund
_____ % Target Retirement 2055 Fund	_____ % Target Retirement 2025 Fund
_____ % Target Retirement 2050 Fund	_____ % Target Retirement 2020 Fund
_____ % Target Retirement 2045 Fund	_____ % Target Retirement Income Fund
_____ % Target Retirement 2040 Fund	

_____ % Stable Return Fund
 _____ % Bond Fund
 _____ % US Large Company Stocks Fund
 _____ % US Small/Mid Company Stocks Fund
 _____ % Non-US Company Stocks Fund

Total % _____

READ THIS INFORMATION COMPLETELY BEFORE SIGNING

I hereby acknowledge receipt of a copy of the Plan and agree to the terms and conditions. I understand and acknowledge that all amounts of compensation deferred pursuant to the Plan and all income attributable to such amounts shall be held in one or more custodial accounts for the exclusive purpose of participants and beneficiaries under the Plan. I understand that participation in the Deferred Compensation Plan is a benefit offered by the State of Illinois. In return for this benefit, I and my heirs, successors, and assignees shall hold harmless the State and its employees, officials, agents, assignees, and successors from any liability for all acts in good faith.

Signature X _____ Date _____

Send this completed form to your Agency Liaison - or send directly to the Department of Central Management Services.

Liaison Name _____ Agency _____ Date _____ Phone Number _____	Approval of Deferred Compensation Office required before any transaction takes place. Date _____ By _____
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In compliance with the State and Federal Constitution, the Illinois Human Rights Act, the Americans with Disabilities Act and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity. Central Management Services requests disclosure of information that is necessary to establish its obligations, primarily the statutory purposes under the State Employee Group Insurance Act (5 ILCS 375). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a change of address. Social Security numbers are used in the application process to properly identify members and their dependents, if any. Confidentiality of Social Security numbers obtained through this change of address process will be preserved as prescribed by 5 ILCS 179 et seq.