



# STATE EMPLOYEES' DEFERRED COMPENSATION PLAN PERMISSIVE CREDITS AUTHORIZATION 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](mailto:CMS.Ben.DefComp@illinois.gov)

_____	_____	_____	_____
Last Name	First Name	Middle Initial	SSN
_____	_____	_____	_____
Street	City	State	ZIP Code
_____	_____	_____	_____
Agency or University	Email Address	Home/Cell Phone	Work Phone

## RETIREMENT SYSTEM TO RECEIVE TRANSFER

Name of Illinois Retirement System \_\_\_\_\_

I, \_\_\_\_\_, authorize and certify to the State of Illinois Employees' Deferred Compensation Plan of my intention to purchase creditable service with the named retirement system, covered under the State of Illinois Reciprocal Act. I understand the purchase will occur from my **pre-tax** Deferred Compensation contributions from which Federal income taxes have not been paid and the full dollar amount specified by said retirement system of \$ \_\_\_\_\_ is required to purchase this service credit. I understand a \$25.00 distribution withdrawal fee will be assessed by the Plan Recordkeeper, in addition to the amount required to purchase this service credit. I understand this form must be received by the Deferred Compensation Division no later than the **15th** business day of the month of which I am requesting this transfer to occur. Furthermore, I, and not the State of Illinois Employees' Deferred Compensation Plan, assume the responsibility in making this decision and the responsibility of any tax or reporting consequences that may result from this purchase of service credits.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

### To process your request, you **must** include a copy of your retirement system purchase agreement -

1. The agreement must be for the current month or a future month.
2. The full amount on the purchase agreement must be available in your account, we do not process partial payments.

These forms will process on the **15th** of the month and the funds will transfer from your account by the **25th** of the month. Forms received after the 15th will be processed on the following month. This may result in an increase to the cost of purchasing the same amount of service credit.

### This completed form and a copy of the retirement system purchase agreement should be returned to:

[CMS.Ben.DefComp@illinois.gov](mailto:CMS.Ben.DefComp@illinois.gov)

or

Department of Central Management Services  
Deferred Compensation Division  
P.O. Box 19208  
Springfield, IL 62794-9208

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.