



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

_____		_____		_____		_____	
Last Name		First Name		Middle Initial		SSN	
_____		_____		_____		_____	
Street		City		State		ZIP Code Birth Date	
_____		_____		_____		_____	
Agency or University		Payroll Code # (5 digits — See the top right of your pay stub)		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 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 this form must be received by the Deferred Compensation Division no later than the 1st 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 T. Rowe Price 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.

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

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.