



STATE EMPLOYEES' DEFERRED COMPENSATION PLAN DIRECT ROLLOVER 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 _____

SECTION A: PRIOR RETIREMENT PLAN INFORMATION - Identify the previous employer/administrator that will transfer/rollover the assets. Roth IRAs are not eligible for rollover to this Plan and CMS will complete a mandatory Certification process for all other Roth accounts with the previous administrator.

Name of Prior Employer _____	Taxable status of account: <input type="checkbox"/> Pre-tax <input type="checkbox"/> After-tax Roth
Plan Administrator _____	Type of account: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 457(b) <input type="checkbox"/> 403(b) <input type="checkbox"/> Other <input type="checkbox"/> Traditional IRA
Plan Administrator's Address _____	
Contact Person _____	
Contact Person Phone Number _____	Estimated Value of Transfer _____

SECTION B: INVESTMENT REQUEST - Select one or a combination in which to invest your rollover account. **The percentages must total 100% and must be in whole numbers with no fractions.** I hereby request that the proceeds from my rollover account be invested in the following manner.

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.

- Vanguard Target Retirement Trust:**
- | | |
|------------------------------------|--------------------------------------|
| ____ % 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 2015 Fund |
| ____ % Target Retirement 2040 Fund | ____ % Target Retirement Income Fund |

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

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

TO BE COMPLETED BY DEFERRED COMPENSATION STAFF

Total amount of plan transfer _____ Date transfer monies received _____ Date invested _____

READ THIS INFORMATION COMPLETELY BEFORE SIGNING

I hereby acknowledge receipt of a copy of the Plan and agree to the terms and conditions. I hereby acknowledge that I have received and read a prospectus for each mutual fund in which I am investing. 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 _____

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.