



# Direct Transfer for Purchase of Permissive Service Credits

All the information on this document must be completed and returned to:

**Nationwide Retirement Solutions**  
**205 W. Randolph St., Suite 1540**  
**Chicago, IL 60606**  
**1-855-457-2489**

## PARTICIPANT INFORMATION:

Name: \_\_\_\_\_ SSN or Account Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: Work \_\_\_\_\_ Home \_\_\_\_\_  
(Area Code) (Area Code)

## PLAN TRANSFER FROM:

- City of Chicago Deferred Compensation Plan (0035044001)
- Cook County Employees Deferred Compensation Plan (0035046001)
- Cook County Forest Preserve Deferred Comp. Plan (0035043001)
- Other \_\_\_\_\_

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.)**

- |                                                                                                                                                                                   |                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Municipal Employees' Annuity and Benefit Fund of Chicago<br>321 N. Clark Street, Suite 700, Chicago, IL 60654-4767<br>312/236-4700                       | <input type="checkbox"/> State Universities Retirement Systems<br>1901 Fox Drive, Champaign, IL 61820<br>800/ASK-SURS (800/275-7877)                 |
| <input type="checkbox"/> Policemen's Annuity and Benefit Fund of Chicago<br>221 N. LaSalle St., Suite 1626, Chicago, IL 60601-1203<br>312/744-3891                                | <input type="checkbox"/> State Retirement Systems<br>2101 South Veterans Pky, PO Box 19255<br>Springfield, IL 62794-9255<br>217/785-7444             |
| <input type="checkbox"/> Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago<br>321 N. Clark Street, Suite 1300, Chicago, IL 60654-4739<br>312/236-2065 | <input type="checkbox"/> Park Employees' Annuity & Benefit Fund of Chicago<br>55 E. Monroe St., Suite 2720, Chicago, IL 60603<br>312/553-9265        |
| <input type="checkbox"/> Firemen's Annuity and Benefit Fund of Chicago<br>20 S. Clark St., Suite 1400, Chicago, IL 60603<br>312/726-5823                                          | <input type="checkbox"/> Public School Teachers' Pension & Ret. Fund of Chicago<br>203 N. LaSalle St., Suite 2600, Chicago, IL 60601<br>312/641-4464 |
| <input type="checkbox"/> Illinois Municipal Retirement Fund<br>2211 York Road, Suite 500, Oak Brook, IL 60523-2337<br>800/275-4673                                                | <input type="checkbox"/> Other _____                                                                                                                 |

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 constructed as a taxable event or whether receiving plan may lawfully accept such transfers.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registered Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_