



ILLINOIS
DEPARTMENT OF CENTRAL
MANAGEMENT SERVICES
P.O. Box 19208, Springfield IL 62794-9208

**STATE EMPLOYEES'
DEFERRED COMPENSATION PLAN
BENEFICIARY TRANSFER
AND DISTRIBUTION ELECTION FORM**

Scan forms to: CMS.Ben.DefComp@illinois.gov
Fax: 217-782-7640 ~ Office: 217-782-7006

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. For more information, call the Deferred Compensation Office at 800-442-1300, 217-782-7006 or TDD 217-785-3979.

A certified copy of the death certificate must be sent to the Department before the initial transfer to a beneficiary will be made.

Central Management Services requests disclosure of information that is necessary to establish its obligations including the statutory purposes under the Internal Revenue Code Section 457(b). 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 determination of eligibility. Social Security numbers are used to properly identify participants and their beneficiaries and report withholding information to the IRS as necessary. Confidentiality of Social Security numbers obtained through this change of address process will be preserved as prescribed by 5 ILCS 179 et seq.

Last Name	First	Middle Initial	Social Security #	
Street	<input type="checkbox"/> Check box if this is a new address		City	State
Primary Phone		Secondary Phone	Date of Birth	
Original Participant's Name		Social Security #	Date of Birth	% You are to Receive

ROLLOVER— A beneficiary may rollover to another plan or IRA out of the state plan. All money transferred will assume the characteristics of the receiving plan. Nonspousal beneficiaries may only rollover to an inherited IRA. Indicate where you want the account transferred.

<input type="checkbox"/> 401 (k) Plan	Name of Plan/IRA _____
<input type="checkbox"/> 403(b) Plan	Address of Plan/IRA _____
<input type="checkbox"/> Governmental 457 Plan	Retirement Plan Contact Person Name _____
<input type="checkbox"/> Traditional IRA	Retirement Plan Contact Phone # _____
<input type="checkbox"/> Inherited IRA	

SPOUSAL DISTRIBUTION - Complete this section only if you want a distribution at this time. A spousal beneficiary may start, stop and/or change their distribution election by completing a new Distribution Election Form. If the value of the beneficiary account is under \$5,000, the spouse may wait to take the distribution, elect to receive a lump sum payment or may rollover the account into another retirement plan. Do not contact T. Rowe Price to change a distribution decision.

Distribution Method

A lump sum distribution of the entire balance (direct deposit is not available for a lump sum payout)

A partial lump sum of \$ _____

Resume distributions at a later date (does not apply to beneficiaries age 70 1/2 or older)

Followed by installments as designated below to start on _____.

Installments paid: Monthly Quarterly Semi-Annually Annually

Beneficiaries may request installment payments to be deposited directly into their bank account.

Type of installment (choose one): To start on _____

Payments paid over recalculated life expectancy.

Payments paid over _____ years.*

Fixed payments of \$ _____.*

*The payment amount will be monitored to comply with Federal Regulations and may need to be adjusted after the age of 70 1/2.

NONSPOUSAL DISTRIBUTION - If the value of your beneficiary account is less than \$5,000, you may only choose the lump sum option.

Distribution is required to begin the year following year of participant's death.

A lump sum distribution of the entire balance.

Installments paid over 5 years to start (mm/yr): _____ Monthly Quarterly Semi-Annually Annually

Installments paid over life expectancy to start (mm/yr): _____ Monthly Quarterly Semi-Annually Annually

Send completed form to the State of Illinois, Deferred Compensation Office at P.O. Box 19208, Springfield, IL 62794-9208.

SIGNATURE _____ 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. If you have a complaint of discrimination, please call the Office of the Director of CMS at (217) 782-2141 or IDD (217) 782-2000.

To be completed by Deferred Compensation Staff
Effective Date of this Distribution Form _____
(month/year)