



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 1-800/442-1300, 1-217/782-7006 or TDD 1-800/526-0844. Central Management Services requests disclosure of information that is necessary to establish its obligations, primarily the statutory purposes under the Department of Central Management Services Law (20 ILCS 405). 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 in the application process to identify members. 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 #	Date of Birth
Street	City	State	Zip Code	
Agency or University		Primary Phone	Secondary Phone	
Work Address		Payroll Code # (5 digits—refer to your pay stub)		

SECTION A: TRANSACTION TYPE Initial Enrollment Re-enrollment of a Former Participant

SECTION B: AMOUNT OF DEFERRAL — The minimum deferral is \$10 per pay period or \$20 per month, whichever is greater. Indicate the amount to be deducted from each paycheck in the space below. Deferrals can begin no sooner than the first pay period of the next month. By completing this section and signing this form you are electing to participate in the State Employees' Deferred Compensation Plan and are authorizing the State of Illinois to defer from your total compensation the following from each pay period until your termination, modification or revocation of this amount:
\$ _____ per pay period beginning with the first second pay period in _____ (mo/yr).

SECTION C: INVESTMENT REQUEST - Select one or a combination in which to invest your deferrals. **The percentages must total 100% and must be in whole numbers with no fractions.** I hereby request that my Deferred Compensation deferrals 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.

T. Rowe Price Retirement Funds:

- _____ % Retirement 2060 Active Trust
- _____ % Retirement 2055 Active Trust
- _____ % Retirement 2050 Active Trust
- _____ % Retirement 2045 Active Trust
- _____ % Retirement 2040 Active Trust
- _____ % Retirement 2035 Active Trust
- _____ % Retirement 2030 Active Trust
- _____ % Retirement 2025 Active Trust
- _____ % Retirement 2020 Active Trust
- _____ % Retirement 2015 Active Trust
- _____ % Retirement 2010 Active Trust
- _____ % Retirement 2005 Active Trust
- _____ % Retirement Balanced Active Trust

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

- _____ % Vanguard Prime Money Market Fund Inst. Shares/VMRXX (money market)
- _____ % INVESCO Stable Return Fund (stable value)
- _____ % Vanguard Total Bond Market Index Fund/VBTIX (core fixed income)
- _____ % T. Rowe Price Bond Trust I (core fixed income)
- _____ % Fidelity Puritan Fund/FPURX (U.S. balanced)
- _____ % Vanguard Institutional Index Fund/VINIX (large company core)
- _____ % LSV Value Equity (large-company value)
- _____ % Wellington Trust Diversified Growth Portfolio (large-company growth)
- _____ % Franklin Small Cap Growth Fund, R6/FSMLX (small-company growth)
- _____ % Ariel Fund Separate Account (mid-sized company value)
- _____ % INVESCO International Growth Equity Trust (non-U.S. large company growth)
- _____ % William Blair Int'l Small Cap Growth Fund/WISIX (non-U.S. small-co growth)
- _____ % Northern Trust ACWI ex US Fund (non-U.S. large company core)
- _____ % Northern S&P 400 Index Fund (mid-sized company core)
- _____ % Northern Trust Russell 2000 Index Fund (small-company value)

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 _____
Send this completed form to your Agency Liaison - or send directly to the Department of Central Management Services.

Liaison Name _____ Agency _____	Approval of Deferred Compensation Office required before any transaction takes place.
Date _____ Phone No. _____	Date _____ By _____

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.