

**RE: Illinois State Employees' Deferred Compensation Plan  
Authorization Agreement for Automatic Deposits Letter of Instruction**

Dear Participant:

In response to your request to set-up or change your ACH account information for your periodic payments from the Illinois State Employees' Deferred Compensation Plan, enclosed are the following:

- Authorization Agreement for Automatic Deposits (ACH Credits) Form
- Courtesy reply envelope (addressed to T. Rowe Price)

Please complete the form, attach a copy of your voided check and return the documentation to:

**Regular Mail**

T. Rowe Price Retirement Plan Services  
Special Attn.: Forms Enclosed  
P.O. Box 17215  
Baltimore, MD 21297-1215

**Overnight/Express Mail**

T. Rowe Price Retirement Plan Services  
Mail Code: 17215  
4515 Painters Mill Road  
Owings Mills, MD 21197-4903

If there are questions related to the depository information, please contact your financial institution. For all other questions, please contact the Plan Account Line at 1-888-457-5770.

Sincerely,

T. Rowe Price Retirement Plan Services, Inc.

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**Illinois State Employees' Deferred Compensation Plan  
Authorization Agreement for Automatic Deposits (ACH Credits) Form  
for Distributions**

**Participant  
Information**

(Please print clearly)

Name	Social Security Number
Street Address	Daytime Phone Number
City, State, ZIP Code	Date of Birth

**Authorization Agreement**

Please complete and return the following to T. Rowe Price.

I hereby authorize T. Rowe Price, hereinafter called COMPANY, to initiate credit entries for my repetitive installment payments and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my \_\_\_\_\_ **CHECKING** \_\_\_\_\_ **SAVINGS** account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

\_\_\_\_\_  
Depository Name

**STAPLE VOIDED  
CHECK HERE**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Bank Routing Number (nine digit number in the lower left-hand corner of your check\*)

\_\_\_\_\_  
Account Number

\*A copy or canceled check must be attached for purposes of confirming this information.

This authorization shall remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Please note: once T. Rowe Price receives the completed ACH form in good order, it will take 2 weeks for the ACH credits to be set up.

**Signature**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A return envelope has been provided for your convenience.



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