



**STATE EMPLOYEES' DEFERRED COMPENSATION PLAN
FORM FOR DIRECT ROLLOVER INTO ILLINOIS PLAN**

Please type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. Complete all sections. For more information, call the Deferred Compensation Office at 800/442-1300, 217/782-7006 or 800/526-0844.

Last Name	First	Middle Initial	Social Security Number	Date of Birth
Street			City/State	Zip Code
Agency or University			Office Phone Number ()	Home Phone Number ()
Work Address				

SECTION A: TRANSACTION TYPE- Account transfer into an existing account no existing account

SECTION B: PRIOR RETIREMENT PLAN INFORMATION - Note: Only pre-tax amounts can be accepted.

Name of prior Plan Entity _____ Type of prior plan:
 Plan Administrator _____ 457 401k
 Address of Plan Administrator _____ 403b Traditional IRA
 Other _____
 Contact Person _____ Phone Number _____

SECTION C: ACCOUNT INFORMATION

Please fill in your transfer account value \$ _____ on _____ (month) _____ (day) _____ (year)

SECTION D: INVESTMENT REQUEST -Select one fund or a combination in which to invest your transferred account. **The percentages must total 100% and must be in whole numbers with no fractions.**

I hereby request that my account transfer 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.

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

T. Rowe Price Retirement Funds:

- _____ % Retirement 2055 Fund/TRRNX
- _____ % Retirement 2050 Fund/TRRMX
- _____ % Retirement 2045 Fund/TRRKX
- _____ % Retirement 2040 Fund/TRRDY
- _____ % Retirement 2035 Fund/TRRJX
- _____ % Retirement 2030 Fund/TRRCX
- _____ % Retirement 2025 Fund/TRRHX
- _____ % Retirement 2020 Fund/TRRBX
- _____ % Retirement 2015 Fund/TRRGX
- _____ % Retirement 2010 Fund/TRRAX
- _____ % Retirement 2005 Fund/TRRFY
- _____ % Retirement Income Fund/TRRIX

- _____ % Vanguard Prime Money Market Fund Inst. Shares/VMRXX (money market)
- _____ % Stable Return Fund (investment contracts)
- _____ % Vanguard Total Bond Market Index Fund Inst. Shares/VBTIX (bond index)
- _____ % T. Rowe Price Bond Trust I (bonds)
- _____ % Fidelity Puritan Fund/FPURX (stocks & bonds)
- _____ % Vanguard Institutional Index Fund Inst. Plus Shares/VIIX (stock index)
- _____ % Lord Abbett Large Cap Core Strategy Separate Acct. (large-company stocks)
- _____ % LSV Value Equity/LSVEX (large-company stocks)
- _____ % Wellington Trust Diversified Growth Portfolio (large-company stocks)
- _____ % Columbia Acorn Fund/ACRNX (small-company stocks)
- _____ % Ariel Fund/ARGFX (stocks - social restrictions/advisor minority owned)
- _____ % Janus Overseas Fund/JIGFX (stock outside U.S.)
- _____ % Invesco International Growth Equity Trust (stocks outside U.S.)
- _____ % William Blair International Small Cap Growth Fund/WISIX (stocks outside U.S.)
- _____ % Northern Small Cap Value Fund/NOSGX (small-company stocks)

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 _____