



CHICAGO

DEFERRED COMPENSATION PLAN

City of Chicago Deferred Compensation Direct Rollover/Transfer Request For Incoming Assets

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Please complete all sections of this form. All information on this document must be completed and returned to NRS in order to be processed. If you require assistance in completing this form or need additional information, please contact us at 855-457-2489.

Personal Information

Plan ID: 0035044001

Name*: _____

Date of Birth*: _____ SSN: _____ Gender: ☐ Male ☐ Female ☐ Prefer Not to Answer

Street Address*: _____

City*: _____ State*: _____ ZIP*: _____

Preferred Phone Number*: _____ Email* _____

How would you like to be contacted if additional information is required? ☐ Telephone ☐ Email

*Denotes a required field

Rollover/Transfer Funds From

- | | | |
|--|--|---|
| <input type="checkbox"/> 401(a) Governmental | <input type="checkbox"/> 401(a) Qualified/Non Governmental | <input type="checkbox"/> 401(a) Drop |
| <input type="checkbox"/> 403(b) Governmental | <input type="checkbox"/> 403(b) Qualified/Non Governmental | <input type="checkbox"/> 457(b) Governmental |
| <input type="checkbox"/> 401(k) Governmental | <input type="checkbox"/> 401(k) Qualified/Non Governmental | <input type="checkbox"/> Deemed Traditional IRA |
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> TSP (Thrift Savings Plan) | <input type="checkbox"/> Deemed Roth IRA |
| <input type="checkbox"/> Roth 457 | <input type="checkbox"/> Roth 401(k) | <input type="checkbox"/> Roth 403(b) |

Carrier/Custodian Name: _____ Account Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Name: _____ Contact Phone Number: _____

Rollover/Transfer Funds To

Plan Name: 457(b)

Amount to Rollover/Transfer:

- ☐ Partial Dollar Amount \$ _____
- ☐ Total Account Balance

Make check payable to:

Nationwide
FBO (Participant Name, SS# or Acct#)

Mail check to:

Nationwide Retirement Solutions
PO Box 183150
Columbus, OH 43218

Investment Direction to Nationwide Retirement Solutions

☐ Credit my rollover/transfer according to the current allocation on file **OR** ☐ Credit my rollover/transfer as listed below:

If you do not indicate your allocation choices or if you select closed investment options, your rollover will be credited according to your current deferral allocation on file.

Investment Option(s)	Percent
Must Total 100%	

Asset Rebalancing

☐ Enroll me in asset rebalancing. I agree to comply with and be bound by the terms and conditions of the service including any restrictions imposed by the investment options. I understand I can obtain more information about the service, its terms and conditions by contacting the NRS Service Center.

Asset rebalancing will only apply to rollover money. If you want to initiate asset rebalancing on your entire account access ChicagoDeferredComp.com or contact us at 855-457-2489.

Authorization

I acknowledge that I have received and read the fund prospectuses for the investment options I have elected above. I understand that my direct rollover will become subject to the terms and conditions of the plan. Some mutual funds may impose a short term trade fee. Please read the prospectuses carefully.

I certify that I satisfy the requirements for making a tax-free rollover/transfer into an eligible retirement plan. Nationwide Retirement Solutions is entitled to rely fully on my certification. I expressly assume responsibility for tax consequences relating to this rollover/transfer, and I agree that NRS shall not be responsible for those tax consequences. Upon receipt, I hereby request my funds to be invested as directed on this form.

Nationwide Retirement Solutions hereby agrees to accept the direct rollover/transfer described herein and upon receipt will deposit the proceeds within 5 business days in the account established on behalf of the individual's eligible employer.

Signature: _____ **Date:** _____

Form Return

Upon completion of this form, please return the original signed document to:

Nationwide Retirement Solutions
PO Box 183150
Columbus, OH 43218