

Lump Sum Form/Police & Fire

Complete this form if you wish to defer all or part of your Lump Sum Payout to either your Mission Square (fka ICMA-RC) or your Ohio 457 Deferred Compensation plan account.

	<u>L</u>	<u> </u>						
Check One:	Fire	Police						
Retirement	Effective Date							
Lump Sum Payroll Date:				Employee ID#				
	Name							
	contact phone#							
I authorize my employer to defer \$				from my Lump Sum amount to:				
Employ	er Plan Name <u>City</u>	of Cincinna	ati State OI	<u>H</u>				
Mis	ssion Square Retirer	nent (fka ICN	//A RC) 800	-669-74	00			
Er	nployer Plan # <mark>300</mark>	104						
	Traditional Pre-Ta	ax Plan	Roth Plan	ı				
Er	o 457 Deferred Co nployer Plan # 045 Traditional Pre-Ta oou MUST contact Ohio	55001 ax Plan	Roth Plan	n		y Date		
EN	MPLOYEE SIGNATURE			-		DATE		
mailed to	n be emailed to City Payroll d 30 days prior	l, City Hal	ll, Room					ce
		202	24 Limits					
1	Normal Deferral			\$23,0	00			
I	Age 50 and Over	C		\$30,5				
Pre-Retirement "Catch-up"**				\$46,000				

**Employee must contact Vendor to qualify