



Lump Sum Deferral Form

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

Check One: Retirement DROP

Payroll (Lump Sum Payout) Date: _____ Employee ID # _____

Employee Name _____

Employee contact phone# _____

I authorize my employer to defer \$ _____ from my Lump Sum amount to:

Employer Plan Name **City of Cincinnati** State **OH**

Mission Square Retirement (fka ICMA RC) 800-669-7400

Employer Plan # **300104**

Traditional Pre-Tax Plan Roth Plan

Ohio 457 Deferred Compensation (OPEDC) 877-644-6457

Employer Plan # **0455001**

Traditional Pre-Tax Plan Roth Plan

(You must contact Ohio 457 at least 30 days Prior to the Lump Sum Pay Date)

EMPLOYEE SIGNATURE

DATE

Forms can be emailed to CentralPayrollHelp@Cincinnati-OH.Gov or sent by interoffice mail to: **City Payroll, City Hall, Room 240.** These must be submitted 30 days prior to retirement date.

2024 Limits

Normal Deferral	\$23,000
Age 50 and Over	\$30,500
Pre-Retirement "Catch-Up"	\$46,000