

Cook County Deferred Compensation Plan

Buyout Request Form
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Personal Information			
Plan: \square Corp/Health - 0035046001 \square Pension - 0035046001 \square Forest	st Preserve - 00350430	01	
Name:			
Date of Birth: Account Numb	Account Number or SSN:		
Mailing Address:			
City:	State*:	ZIP*:	
Preferred Phone Number:	☐ Home ☐ Cell		
Email:			
How would you like to be contacted if additional information is required? Telephone Email *NRS will use the state provided in your mailing address as your state of residency for tax purposes, unless instructed otherwise.			
Retirement/Severance Information			
Retirement or Severance Date (mm/dd/yy):	Department:		
Accumulated Time Deferral Election			
Assistance from a local Nationwide Retirement Specialist is strongly recocall 855-457-2665 for assistance.	mmended when comple	ting this section. Please	
Upon retirement or separation from employment, Cook County plan participants may elect to defer a portion of accumulated time payments issued by their employer. Deferral amounts are subject to IRS contribution limits associated with the calendar year in which the employer issues the payment. Limits are subject to change each calendar year.			
To determine maximum deferral, please select applicable contribution lin	nit (select only one):		
☐ Regular Limit ☐ Age 50+ Catch-Up¹ ☐ Special 457 Catch-Up²			
¹ Must be age 50 or over before end of calendar year in which accumulated payment is issued			
² If not currently enrolled in Special 457 Catch-Up, a separate Special 457 Catch-Up Election Form must be completed. Please contact a			
Retirement Specialist at 855-457-2665 to receive form and determine eligibility. Failure to complete the Special 457 Catch-Up Election Form will result in defaulting to the regular limit, or $-$ if age 50 or over $-$ Age 50+ Catch-Up limit.			
I elect the following deferral (select only one):			
$\hfill \square$ 100% of eligible accumulated payment up to applicable annual IRS limit s	elected in section above ¹		
☐ Specific dollar amount: \$ (can not be more	than applicable IRS ann	ual limit) ^{1,2}	
¹ Incidental amounts may be paid to you as taxable income due to payroll withholdi	ngs		
$^{\rm 2}$ lf amount specified results in exceeding the applicable calendar year limit requested amount will be reduced to 100% of eligible accumulated payments.			

Funding Options

retirement plans do not apply toward limits.

Deferrals of accumulated time will be allocated to the funding options in percentages as elected on the date funds are received. Election may be changed by calling 877-677-3678 or visiting cookcountydc.com.

NOTE: IRC rulings prohibit deferral of income issued after the later of 2.5 months or the end of the calendar year from the effective severance or retirement date. Participants receiving staggered payments from their employer over the course of multiple years may only be eligible to defer the first payment. Nationwide does not elect nor control the timing of the payment issue date. IRS dollar limits apply to all payroll deductions during each calendar year. Rollovers from other eligible

Eligibility

Plan enrollment must be completed on or prior to retirement or severance date to be eligible to make election on this form.

Nationwide will only accept accumulated time deferrals from Cook County plan participants maintaining an open 457(b) account status at the time the funds are delivered. Delivery of payment by Cook County typically occurs 2-3 months after employment terminates. During this time, a lump sum distribution or series of disbursements that result in a remaining balance of \$0 will deem the account "closed" and ineligible to receive the deferred payment.

This form is intended only for participants receiving accumulated time payments upon retirement, severance, termination, or—in certain situations—leave of absence. Annual accumulated time payments are ineligible for deferral.

Please contact your payroll center to determine accumulated time payout eligibility.

Acknowledgment and Authorization

I hereby authorize my allocated accumulated time amounts to be contributed on my behalf to the Cook County Deferred Compensation Plan. The current contribution will continue until otherwise authorized in accordance with the Plan.

I have read and understand each of the statements on the front and back of this form. I accept these terms and understand that these statements do not cover all the details of the Plan or procedures.

Participant Signature:	Date:	
Retirement Specialist Name (Print):		

Form Return

To ensure processing, this form must be completed and returned to Nationwide Retirement Solutions on or prior to date of retirement or severance from employment. Requests received after this date are not guaranteed to be honored.

By mail: Nationwide Retirement Solutions 205 W Randolph St, Suite 1540

Chicago, IL 60606

By fax: 877-677-4329

By email: rpublic@nationwide.com