457 and 401 Plan Participant Payment Schedule Change Packet

ICMARC
Building Retirement Security

This packet contains the following:

Payment Schedule Postpone or Stop Form
Payment Schedule Change Form
One-Time Payment Form
Direct Deposit Authorization Form
Special Tax Notice Regarding Plan Payments

General Information

Once you are separated from employment, current tax law allows 457 deferred compensation and 401 qualified retirement plan participants to take a partial payment or change a payment schedule at any time. This packet provides the forms necessary to change your payment schedule should that need arise.

Change or Payment Type	Complete This Form
Initiate a new Payment Schedule	Please call ICMA-RC to obtain the proper forms
Postpone or Stop an Existing Payment Schedule	Payment Schedule Postpone or Stop Form
Change an Existing Payment Schedule	Payment Schedule Change Form
Partial or 100% Lump Sum Payment	One-Time Payment Form
Add, Change, or Stop Direct Deposit Information for an Existing Payment Schedule	Direct Deposit Authorization Form
Add, Change, or Stop Direct Deposit Information for a Partial or 100% Lump Sum Payment	Direct Deposit is only allowed for Scheduled Payments.
Rollover to another retirement plan or IRA	Please call ICMA-RC to obtain the proper forms.
Purchase Service Credits	Please call ICMA-RC to obtain the proper forms.
Any payment before your separation from employment or before ICMA-RC has been notified of your separation from employment	Please call ICMA-RC to obtain the proper forms.

If you are unsure if ICMA-RC has been notified about your separation of employment or if the form you need is not included in this packet, please call ICMA-RC at 1-800-669-7400. You should read the accompanying Special Tax Notice Regarding Plan Payments prior to completing any forms. This notice includes important information on applicable federal income tax rules that apply to your payments.

Please remember to print clearly and use blue or black ink only.

Please read the information on the following pages carefully and mail the completed form(s) to:

ICMA Retirement Corporation
Attn: Records Management Unit
P.O. Box 96220
Washington, DC 20090-6220

or fax to 1-202-682-6439. If you fax the forms, you do NOT need to mail the original.

Required Minimum Distributions

If you are age 70-1/2 or older and have separated from employment, your payment schedule must meet the IRS Required Minimum Distribution requirements. ICMA-RC will annually test your schedule to ensure you meet these rules. If your payment schedule fails the test, we will change your schedule to meet the required minimum amount. If you would like ICMA-RC to calculate and distribute ONLY the minimum amount each year, please select Option 6 in Section 3 of the *Payment Schedule Change Form*.

See IRS Publication 590 for more information on Required Minimum Distributions.

Federal Income Tax Withholding Information

Changes to your payment schedule (including taking a partial payment) may affect your federal income tax withholding.

Summary of federal income tax withholding rules

ICMA-RC must withhold 20% mandatory federal income tax unless one of the following exceptions applies:

1) Your distribution is part of a series of substantially equal payments over a period of 10 years of longer
2) Your distribution is a Required Minimum Distribution
3) You are a non-spousal beneficiary

If your payment meets one of the exceptions above:

- You may waive federal income tax withholding.
- You may elect a withholding percentage other than 20%. If requested, you must provide a whole percentage.
- If you do not provide ICMA-RC with withholding instructions, ICMA-RC will withhold using the applicable federal income tax withholding rules (in general, using a withholding status of married with three exemptions).

If your payment does NOT meet one of the exceptions above:

- You cannot waive the 20% mandatory federal income tax withholding.
- You may elect a withholding percentage greater than 20% only. If requested, you must provide a whole percentage.
- If you do not provide ICMA-RC with withholding instructions, ICMA-RC will withhold the 20% mandatory federal income tax.

Application of withholding rules

- If your existing payment schedule was initially calculated over a period of 10 or more years, a schedule change reducing your schedule to less than 10 years from the date of the change will subject your payments to the 20% withholding rules. In this case, you may receive less net money after this change due to the mandatory federal withholding.
- If your existing payment schedule was initially calculated over a period of less than 10 years (and one of the other exceptions to the 20% withholding rules did not apply), a schedule change increasing your schedule to 10 or more years from the date of the change will take your payments outside the 20% withholding rules.
- If after your schedule change your payment period remains under ten years, the 20% withholding rules will continue to apply to your payments.
- If you take a one-time partial payment, the 20% withholding rules will apply to the one-time payment and ICMA-RC must re-determine whether your remaining scheduled payments are subject to 20% mandatory withholding.

Example

In January 2002, you began receiving payments of $500 per month, which were calculated to last for 12 years. Because your payments were scheduled for 10 years or more, the 20% withholding rules did not apply. You elected not to have any federal income tax withheld. Your net payment was $500 per month ($500 gross payment minus $0 federal income tax withholding).

You now complete the *Payment Schedule Change Form* to request an increase in your monthly payment to $600. These payments are calculated to last for an additional 7 years. Because your payment schedule has changed, ICMA-RC must re-determine your withholding status. The new payment length is less than 10 years from the date of the change, so the mandatory 20% withholding rules will apply. Unless you elect to have ICMA-RC withhold more than 20%, ICMA-RC will withhold 20% from each payment. Your net payment will be $480 ($600 gross payment minus $120 federal income tax withholding.)

State Income Tax Withholding Information

ICMA-RC withholds state income taxes according to applicable state income tax withholding rules. You should contact your state Department of Taxation for information on your state's withholding rules.

Early Distribution Penalty

If you are under 59-1/2, a 10% early distribution penalty is generally applied by the IRS on all 401 qualified retirement plan payments. 457 plan assets that remain in a 457 plan until paid to you are never subject to this penalty regardless of your age. However, you can roll assets into your 457 plan from another retirement plan (401, 403(b), or Traditional IRA) and these assets will remain subject to this penalty before age 59-1/2. Please contact your tax advisor for additional information.

"Equal" Payments Exception

One exception to the early distribution penalty ("72(t)") is a "series of substantially equal payments". These payments cannot be changed or stopped before the longer of 5 years or reaching age 59-1/2. The IRS has very specific rules to determine a "72(t)" payment schedule. If you are interested in this feature, please consult a tax advisor. Your local Retirement Plan Specialist may also be able to assist you. Once the "72(t)" payment is calculated, please complete Option 1 with the amount and check the "Payment schedule is 72(t) compliant" Option in Section 3 of the *Payment Schedule Change Form*.

If you already are receiving "72(t)" payments, any payment schedule change or partial/100% lump sum payment will revoke the "72(t)" status and may cause you to incur a 10% early distribution penalty.

Payment Schedule Postpone/Stop Form Instructions

Section 1 – Participant Information
Please complete this entire section.

Section 2 – Postpone or Stop Payments
Please select whether you would like to postpone or stop your payments. If you would like to postpone, please provide the month and year you would like payments to resume.

Section 3 – Effective Date
Please provide the date you would like the postponement or stop to be effective.

Section 4 – Signature and Certification
Please sign the form.

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PAYMENT SCHEDULE POSTPONE OR STOP FORM

• Please read all information carefully before completing, signing, and submitting this form to ICMA-RC.

1 **Participant Information**	**Employer Plan Number** **Employer Plan Name** **Social Security Number** ___ - ___ - ___ **Daytime Phone Number** ___ - ___ - ___ (Area Code) **Full Name of Participant** Last First
2 **Postpone or Stop Payments**	❒ Postpone my current payment schedule until ___ ___ / ___ ___ ___ ___ (mm/yyyy) ❒ Stop my current payment schedule
3 **Effective Date**	❒ As soon as possible (default) ❒ ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy)
4 **Signature and Certification**	By signing this form, I acknowledge that I have received and reviewed the *Special Tax Notice Regarding Plan Payments*. I hereby waive the "applicable waiting period" required under IRS rules regarding payments from my retirement plan account, and I direct ICMA-RC to process the payment option selected on this form. As required by law, and under the penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I have provided is correct. Participant Signature: ______________________ Date: ___ ___ / ___ ___ / ___ ___ ___ ___

Payment Schedule Change Form Instructions

Section 1 - Participant Information

Please complete this entire section.

Section 2 - Effective Date

Please complete the date you would like the request processed. If the date is left blank or if the date has already occurred, ICMA-RC will process the request as soon as possible. **Your requested change will be reflected in the first payment processed after your indicated effective date.**

Section 3 - Schedule Payment Change Options

1. Select your desired payment frequency or leave blank for your current payment frequency to continue.
2. Select your desired payment cycle or leave blank for your current payment cycle to continue. The payment cycle determines which Tuesday of the month your payment will be redeemed from your account. The actual check or direct deposit is issued the next business day.
3. Select your new payment amount or indicate a method for ICMA-RC to calculate your payment.
   - **Option 1** - You select the dollar amount.
   - **Option 2** - ICMA-RC estimates a dollar amount projected to last a specific number of years. Your payment amount will not change until your account is exhausted, but the payment may not last the specific number of years due to actual market changes in your investments.
   - **Option 3** - You select the exact number of years. Your payment amount will change, but your payment will last the exact number of years you selected.
   - **Option 4** - ICMA-RC estimates a dollar amount projected to last over your life expectancy. This is similar to Option 2 but instead of selecting a specific number of years, ICMA-RC uses IRS Publication 590 to determine your life expectancy and calculates your payment based on this number of years. Your payment amount will not change until your account is exhausted, but the payment may not last the specific number of years due to actual market changes in your investments.
   - **Option 5** - ICMA-RC estimates a dollar amount projected to last over your life expectancy and the life expectancy of your selected beneficiary. This is similar to Option 4, ICMA-RC uses IRS Publication 590 to determine the applicable joint expectancy and calculates your payment based on this number of years. Your payment amount will not change until your account is exhausted but the payment may not last the specific number of years due to actual market changes in your investments.
   - **Option 6** - ICMA-RC calculates the IRS Required Minimum Distribution payment each year. Your payment will change each year, but only the IRS minimum amount will be distributed each year.
4. Add or remove payment options
   - Automatic Cost-of-Living Adjustment (COLA) will automatically increase your payments each year based on the 12-month percentage increase in the Consumer Price Index for All Urban Consumers (CPI-U) through the end of the third quarter of the previous year. Increases will be effective the following January.
   - 72(t) Compliant indicates this payment schedule was calculated using an IRS approved equal payment method and is not subject to the 10% early distribution penalty. You must provide ICMA-RC the payment amount under Option 1, since none of the other options are 72(t) compliant. Your local ICMA-RC Retirement Plan Specialist can help you with this calculation. Also, please review the instructions on the Early Distribution Penalty for more information.

Section 4 - Tax Withholding Elections

If your payments are estimated to last less than 10 years, select 20% or more federal income tax withholding. If your payments are estimated to last 10 years or more, either select at least 10% for federal income tax withholding or no federal income tax withholding. You can use the formula below for a simple test to estimate how long your payments will last. For state income tax, please select the percentage of your choice or no withholding.

Total Balance	A. ____________________
Total ANNUAL Payment Requested (Monthly amount *12)	B. ____________________
Estimated Years (A / B)	C. ____________________

Section 5 - Fund and Source Options

This section contains optional payment features.

- You may provide a specific (maximum of three) fund order to withdraw your payments. The full balance of the first selected fund will be depleted first, the full balance of the second selected fund will be depleted second, the full balance of the third full balance will be depleted third, and then your payments will be prorated among your remaining funds. If you leave this section blank, your payments will be prorated among all your funds.
- You may provide a specific source order to withdraw your payments.
- If both are selected, the source order will take precedence over the fund order.
- For Direct Deposit, please complete the *Direct Deposit Authorization Form*.
- If you do NOT want your payments mailed to your permanent address, please write "alternative mailing address attached" and attach a letter with an alternative mailing address. This alternative mailing address will be used for these scheduled payments until you provide additional instructions. Please be aware sending a payment to another financial institution will not be considered a ROLLOVER. If you would like to rollover to another financial institution, please call ICMA-RC for the proper forms.

Section 6 - Signature and Certification

Please sign the form.

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PAYMENT SCHEDULE CHANGE FORM - PAGE 1 OF 2

• Please read all information carefully before completing, signing, and submitting this form to ICMA-RC.

1 Participant Information

Employer Plan Number | | | | | | |

Employer Plan Name | | | | | | | | | | | | | | | | | | | | | |

Marital Status ☐ Married ☐ Single

Social Security Number | | | - | | - | | | |

Daytime Phone Number | | | (Area Code) - | | | - | | | |

Full Name of Participant
Last ____________ First ____________

Mailing Address/Street

City

State

Zip Code

2 Effective Date

❒ As soon as possible (default)
❒ ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy)

3 Schedule Payment Change Options

Note: Requests must result in payments of $100 or more.

Circle frequency change: ***(Only circle one or leave blank for no change)***

Monthly Quarterly Semi-Annual (6-month intervals) Annual

Cycle change: ***(Only check one or leave blank for no change)***

❒ Cycle 1 (Wednesday following the first Tuesday of the month)
❒ Cycle 2 (Wednesday following the second Tuesday of the month)
❒ Cycle 3 (Wednesday following the third Tuesday of the month)
❒ Cycle 4 (Wednesday following the fourth Tuesday of the month)

Payment change: ***(Only complete one)***

❒ Option 1 - Payments of $___________.____ until the account is exhausted (Minimum $100)
❒ Option 2 - Payments estimated to exhaust account over _____________ years
❒ Option 3 - Payments to exhaust account over EXACTLY _____________ years
❒ Option 4 - Payments estimated to exhaust account over my life expectancy
❒ Option 5 - Payments estimated to exhaust account over a joint life expectancy with my beneficiary
Beneficiary's date of birth ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy)
❒ Spouse
❒ Non-spouse
❒ Option 6 - Payments calculated each year to comply with the IRS Required Minimum Distribution Rules

Options: ***(Check as many that apply and read instructions carefully)***

❒ Remove COLA option
❒ Add COLA option
❒ Payment schedule is 72(t) compliant . I understand that in the event this schedule does not comply with the 72(t) rules, my payments may be subject to additional taxes and penalties.
❒ Add/change/remove Direct Deposit instructions. You must also complete the attached *Direct Deposit Authorization Form*.

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PAYMENT SCHEDULE CHANGE FORM - PAGE 2 OF 2

Employer Plan Number ☐☐☐☐☐☐

Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐

4 **Tax Withholding Elections**	ICMA-RC is required to withhold Federal and state income tax. Regardless of your withholding election, you are ultimately liable for payment of Federal and state income tax on your payment. If no withholding instructions are provided, ICMA-RC will withhold taxes according to the applicable required Federal and/or state rules. Please select whole percents only. ❒ Withhold **FEDERAL** income tax at the rate of _______ % ***OR*** ❒ no withholding ▪ If your payment schedule will last under 10 years, the minimum Federal withholding rate is 20% and you can NOT waive Federal withholding. Per IRS regulations, percents under 20% can not be processed. ▪ If your payment schedule will last 10 years or more, you may request a fixed percentage of Federal withholding or waive Federal withholding. If you do not provide any instructions, ICMA-RC will withhold Federal taxes according to IRS requirements, using a filing status of married claiming three exemptions. ❒ Withhold **STATE** income tax at the rate of _______ % ***OR*** ❒ no withholding ❒ For state tax purposes, please change my declared residency state to: ___________________
5 **Fund and Source Options (optional)**	**Fund Withdrawal Order** I wish to select the fund order to redeem my payment(s). Please note you can only select a maximum of three (3) funds. The full balance of the first selected fund will be depleted first, the full balance of the second selected fund will be depleted second, the full balance of the third selected fund will be depleted third, and then your withdrawals will be prorated among all of your remaining funds. If none are selected then withdrawal(s) will be prorated among all funds. First Fund ____________________ Second Fund ___________________ Third Fund _____________________ **457 Plan Source Withdrawal Order** ❒ Withdrawal from 457 assets in 457 plan ONLY ❒ Withdrawal from non-457 assets in 457 plan ONLY ❒ Withdrawal from 457 assets first then non-457 assets second. (Default option) **401 Plan Source Withdrawal Order** ❒ Withdrawal from 401 After-tax assets ONLY ❒ Withdrawal from 401 After-tax assets first then 401 non-After-tax assets ❒ Prorate withdrawals among all assets. (Default option)
6 **Signature and Certification**	By signing this form, I acknowledge that I have received and reviewed the *Special Tax Notice Regarding Plan Payments*. I hereby waive the "applicable waiting period" required under IRS rules regarding payments from my retirement plan account, and I direct ICMA-RC to process the payment option selected on this form. As required by law, and under the penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I have provided is correct. Participant Signature: ______________________________ Date: ___ ___ / ___ ___ / ___ ___ ___ ___

One-Time Payment Form Instructions

Section 1 - Participant Information

Please complete this entire section.

Section 2 - One-Time Payment

Please select a partial payment with stopping your current payment schedule, a partial payment with keeping your current payment schedule, or payment of 100% of your account. A partial payment may affect the federal income tax withholding on your scheduled payments, so please read the Federal Income Tax Withholding Information.

Section 3 - Effective Date

Please provide the date you would like the request processed. If the date is left blank or if the date has already occurred, ICMA-RC will process the request as soon as possible.

Section 4 - Tax Withholding Election

For Federal income tax, please select 20% mandatory withholding or a percentage in ADDITION to the mandatory 20%. For state income tax, please select the default as defined by your state Department of Taxation, a fixed percentage of your choice or no withholding.

Section 5 - Fund, Source and Mailing Options

This section contains optional payment features.

- You may provide a specific (maximum of three) fund order to withdraw your payment. The full balance of the first selected fund will be depleted first, the full balance of the second selected fund will be depleted second, the full balance of the third full balance will be depleted third, and then your payment will be prorated among your remaining funds. If you leave this section blank, your payment will be prorated among all your funds.
- You may provide a specific source order to withdraw your payment.
- If both are selected, the source order will take precedence over the fund order.
- If you do NOT want your payment mailed to your permanent address, you may provider an alternative mailing address. Please be aware sending a payment to another financial institution will not be considered a ROLLOVER. If you would like to rollover to another financial institution, please call ICMA-RC for the proper forms.
- Direct deposit is ONLY available if you already receive installment payments by direct deposit. If you submit new bank information or change your current bank account information, a check will be mailed.

Section 6 - Signature and Certification

Please sign the form.

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ONE-TIME PAYMENT FORM - PAGE 1 OF 2

• Please read all information carefully before completing, signing, and submitting this form to ICMA-RC.

1 Participant Information

Employer Plan Number **Employer Plan Name** **Marital Status**

☐ Married ☐ Single

Social Security Number ___ - __ - ____

Date of Birth Month - Day - Year

Daytime Phone Number Area Code - ___ - ____

Full Name of Participant

Last First

Mailing Address/Street

Date of Hire Month - Day - Year

City State Zip Code

2 One-Time Payment *(only check one)*

❐ Partial payment of $___________.____ and stop my current payment schedule, (if applicable).

❐ Partial payment of $___________.____ and keep my current payment schedule. Please keep in mind this partial payment may change the Federal tax withholding on your current payment schedule. Please read the instructions for more details. If you would also like to change your current payment schedule, please complete the *Payment Schedule Change Form* in addition to this form.

❐ 100% payment of my entire account balance.

3 Effective Date

❐ As soon as possible (default)

❐ ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy)

4 Tax Withholding Election

ICMA-RC is required to **withhold 20% mandatory Federal income tax** on partial or 100% payments unless you elect a direct transfer to an eligible employer plan or Traditional IRA. Regardless of your withholding instructions to ICMA-RC, you are ultimately liable for payment of Federal and state income taxes on your benefit payment. If no instructions are provided, ICMA-RC will withhold taxes according to the applicable required federal and/or state rules.

Federal Income Tax Withholding

❐ Withhold 20% mandatory **Federal** income tax

❐ Withhold 20% PLUS an ADDITIONAL ______% for **Federal** income tax *(use whole percent age)*

State Income Tax Withholding

❐ Withhold **state** income tax as defined by your state Department of Taxation

❐ Withhold **state** income tax at the rate of _____%, if applicable (use whole percentage)

❐ No **state** income tax withholding

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ONE - TIME PAYMENT FORM - PAGE 2 OF 2

Employer Plan Number ______

Social Security Number ___ - __ - ____

5 Fund, Source and Mailing Options (optional)

Fund Withdrawal Order

Please select the fund order to redeem your payment or leave blank to prorate across all your funds.

First Fund ____________________ Second Fund ___________________ Third Fund _____________________

457 Plan Source Withdrawal Order:

- ❒ Withdraw from 457 assets in 457 plan ONLY
- ❒ Withdraw from non-457 assets in 457 plan ONLY
- ❒ Withdraw from 457 assets first then non-457 assets second. (Default option)

401 Plan Source Withdrawal Order

- ❒ Withdraw from 401 after-tax assets ONLY
- ❒ Withdraw from 401 after-tax assets first then 401 pre-tax assets
- ❒ Prorate withdrawals among all assets. (Default option)

Payment Mailing Address

- ❒ Permanent Address
- ❒ Direct deposit to the bank account information already on file. This option is ONLY available if you already receive installment payments by direct deposit. If you submit new bank information or change your current bank account information, a check will be mailed.
- ❒ Alternate address (mailing address different from permanent address): _________________

  ____

  City ________________________ State ___ ___ Zip Code ___ ___ ___ ___ ___ - ___ ___ ___ ___
- ❒ Check mailed to Financial Institution (Not considered a Rollover)

  Bank/Institution Name ____

  Address ____

  City ________________________ State ___ ___ Zip Code ___ ___ ___ ___ ___ - ___ ___ ___ ___

  Account Number ______________________________

6 Signature and Certification

By signing this form, I acknowledge that I have received and reviewed the *Special Tax Notice Regarding Plan Payments*. I hereby waive the "applicable waiting period" required under IRS rules regarding payments from my retirement plan account, and I direct ICMA-RC to process the payment option selected on this form.

As required by law, and under the penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I have provided is correct.

Participant Signature: _______________________________ Date: ___ ___ / ___ ___ / ___ ___ ___ ___

DIRECT DEPOSIT AUTHORIZATION FORM

ICMA-RC Building Retirement Security

- Use this form to have your benefit payments directly deposited into your bank account.
- Please complete a separate form for each employer plan account.

1 Payee Information

Employer Plan Number 3 0 _ _ _ _

Employer Plan Name ______________________

Social Security Number ___ - __ - ____

Daytime Phone Number ___ - ___ - ____
Area Code

Full Name ____
Last First M.I.

2 Type of Authorization (select one)

❑ Initial Authorization ❑ Other ______________________

❑ Change

❑ Cancellation of Authorization (All future payments will be mailed to my permanent address on file at ICMA-RC.)

3 Account Information

Please attach a voided check or deposit slip here.

Note that electronic direct deposit is currently not available for lump or one-time payments.

- If direct deposit is selected with any lump-sum option, a check will be mailed to your permanent address.
- If you already receive installment payments by direct deposit and select direct deposit on the One-Time Payment Form, your One-Time payment will be sent by direct deposit.

Do not complete this form unless your bank information has changed and be aware that submitting this form may cause your payment to be issued as a check. ICMA-RC can only direct deposit to bank account information already on file.

Please contact your bank to confirm the information below. Incorrect information will delay electronic deposit processing. Also, please note that the first payment may be issued as a check rather than an electronic deposit. All subsequent deposits will be completed electronically. Please attach a voided check or deposit slip.

Financial Institution's Routing Number (should be 9 digits) __ __ __ __ __ __ __ __ __

Financial Institution's Telephone Number (__ __ __) - __ __ __ - __ __ __ __

Type of Depositor Account ❑ Checking ❑ Savings

Depositor Account Number

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

(See reverse side for a sample to help you locate your account number on your check or deposit slip.)

Name of Financial Institution ______________________________

4 Participant/ Beneficiary Authorization

I hereby authorize the VantageTrust Company (hereinafter called the "Trust") to credit the above referenced account for any amount owed to me for retirement benefit payments. This authorization agreement is to remain in full force and effect until the Trust has received written notification from me of its termination in such time and in such manner as to afford the Trust and depository a reasonable opportunity to act on it. This authorization agreement may also be terminated by the Trust.

In the event that the Trust notifies the bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize and direct the bank to return said funds to the Trust as soon as possible.

______________________________ ______________
Participant Signature **Date**

ICMA-RC • P.O. Box 96220 • Washington, DC 20090-6220 • Toll Free 1-800-669-7400 • En Español llame al 1-800-669-8216 • www.icmarc.org • Fax 202-682-6439

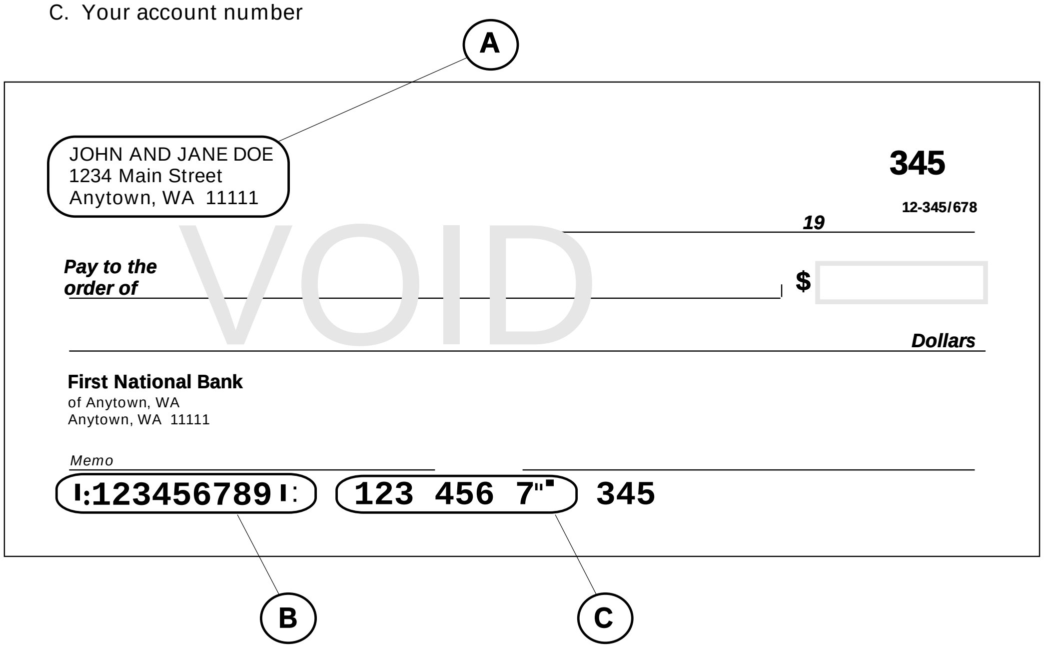
DIRECT DEPOSIT AUTHORIZATION FORM INSTRUCTIONS

Most of the information needed to complete Section 3 can be found as follows:

A. Be sure current address is shown

B. Financial institution's routing number for direct deposit. Please call your bank to verify this number is correct for direct deposit. **If the number is not correct, it will result in delays.**

C. Your account number



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