

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

Check One:	Fire]	Police		
Retirement Effe	ective Date			
				oloyee ID#
Employee Name	e			
Employee conta	act phone#			
I authorize my e	employer to defer	\$	fron	n my Lump Sum amount to
Employer P	lan Name <u>City of</u>	Cincinnati	State OH	
Mission	Square Retiremen	t (fka ICMA	RC) 800-669	-7400
Emplo	yer Plan # <u>30010</u> 4	<u>4</u>		
Trac	ditional Pre-Tax P	Plan]	Roth Plan	
	7 Deferred Composer Plan # 045500	`	EDC) 877-64	14-6457
	ditional Pre-Tax F		Roth Plan	
you M	IUST contact Ohio 45	7 at least 30 day	s PRIOR to the I	Lump Sum Pay Date
EMPLO'	YEE SIGNATURE			DATE

Must be submitted 30 days prior to retirement date.

2025 Limits

Normal Deferral	\$23,500
Age 50 and Over	\$31,000
Ages 60-63	\$34,750
Pre-Retirement "Catch-up"**	\$47,000