

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 I	OROP	
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 <u>City of Cincinnati</u> State <u>OH</u>			
Mission Square Retirement (fka ICMA RC) 800-669-7400			
Employer Plan # <u>300104</u>			
Tra	ditional Pre-Tax Plan	Rot	h Plan
Ohio 457 Deferred Compensation (OPEDC) 877-644-6457 Employer Plan # 0455001			
Traditional Pre-Tax Plan Roth			h 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.			
Must be submitted 30 days prior to retirement date. 2025 Limits			
	Normal Deferral		\$23,500
	Age 50 and Over Ages 60-63		\$31,000
			\$34,750
Pre-Retirement "Catch-Up"**		\$47,000	