

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 | |