



State of Illinois  
Department of Central Management Services

# STATE EMPLOYEES' DEFERRED COMPENSATION PLAN ENROLLMENT FORM

Type or print clearly in ink. Initial any corrections, additions, deletions or changes in pen. For more information, call the Deferred Compensation Office at 1-800/442-1300, 1-217/782-7006 or TDD 1-800/526-0844.

Scan forms to: [CMS.Ben.DefComp@illinois.gov](mailto:CMS.Ben.DefComp@illinois.gov)  
Fax: 217-782-7640 ~ Office: 217-782-7006

|                            |  |   |  |                       |                |
|----------------------------|--|---|--|-----------------------|----------------|
| Last Name _____            |  | First Name _____                                    |  | Middle Initial _____  | SSN _____      |
| Street _____               |  | City _____  |  | State _____           | ZIP Code _____ |
| Agency or University _____ |  | Work Phone _____                                    |  | Home/Cell Phone _____ |                |
| Work Address _____         |  | Payroll Code # (5 digits — see your pay stub) _____ |  |                       |                |

**SECTION A: TRANSACTION TYPE**     Initial Enrollment     Re-enrollment of a Former Participant

**SECTION B: DESIGNATE A PLAN** - Enrollment in both the pre-tax and Roth (after-tax) plans require a separate copy of this form for each Plan.

Pre-tax Deferred Compensation     After-tax Roth

**SECTION C: AMOUNT OF CONTRIBUTION** - The minimum contribution is \$10 per pay period or \$20 per month, whichever is greater. Indicate the amount to be deducted from each paycheck in the space below. Contributions can begin no sooner than the first pay period of the next month. By completing this section and signing this form you are electing to participate in the State Employees' Deferred Compensation Plan and are authorizing the State of Illinois to defer from your total compensation the following from each pay period until your termination, modification or revocation of this amount:

\_\_\_\_\_ per pay period beginning with the  First     Second    pay period in \_\_\_\_\_ (mo./yr.)

**SECTION D: INVESTMENT REQUEST** - Select one or a combination in which to invest your contributions. The percentages must total 100% and must be in whole numbers with no fractions. You may have only one investment contribution mix if you contribute to both pre-tax and after-tax accounts. I hereby request that my Deferred Compensation and/or Roth contributions be invested in the following manner:

**These funds are one-step options** that make it easy for you to invest for retirement. Simply choose the fund with a target date closest to the year in which you plan to retire and your funds will be managed for you.

**Vanguard Target Retirement Trust:**

- \_\_\_\_\_ % Target Retirement 2060 Trust
- \_\_\_\_\_ % Target Retirement 2055 Trust
- \_\_\_\_\_ % Target Retirement 2050 Trust
- \_\_\_\_\_ % Target Retirement 2045 Trust
- \_\_\_\_\_ % Target Retirement 2040 Trust
- \_\_\_\_\_ % Target Retirement 2035 Trust
- \_\_\_\_\_ % Target Retirement 2030 Trust
- \_\_\_\_\_ % Target Retirement 2025 Trust
- \_\_\_\_\_ % Target Retirement 2020 Trust
- \_\_\_\_\_ % Target Retirement 2015 Trust
- \_\_\_\_\_ % Retirement Income Trust

Total % \_\_\_\_\_

**These funds are the options if you want to select your own investment mix.**

- \_\_\_\_\_ % Vanguard Treasury Money Market Fund /VUSXX (money market)\*
- \_\_\_\_\_ % INVESCO Stable Return Fund (stable value)
- \_\_\_\_\_ % Vanguard Total Bond Market Index Institutional Plus (fixed income)
- \_\_\_\_\_ % Vanguard Institutional Index 500 Trust (large company)
- \_\_\_\_\_ % Northern Trust ACWI ex US Fund (non-U.S. large company)
- \_\_\_\_\_ % Northern Trust Russell 2000 Index Fund (small-company value)

**If an election mix is not made or is unclear, you will be defaulted to the Plan's Default Investment Alternative ("DIA").**

**\*Money Market Investments:** You could lose money by investing in the Fund. Although the Fund seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. An investment in the Fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The Fund's sponsor has no legal obligation to provide financial support to the Fund, and you should not expect that the sponsor will provide financial support to the Fund at any time.

**READ THIS INFORMATION COMPLETELY BEFORE SIGNING**

I hereby acknowledge receipt of a copy of the Plan and agree to the terms and conditions. I hereby acknowledge that I have received and read a prospectus for each mutual fund in which I am investing. I understand and acknowledge that all amounts of compensation deferred pursuant to the Plan and all income attributable to such amounts shall be held in one or more custodial accounts for the exclusive purpose of participants and beneficiaries under the Plan. I understand that participation in the Deferred Compensation Plan is a benefit offered by the State of Illinois. In return for this benefit, I and my heirs, successors, and assignees shall hold harmless the State and its employees, officials, agents, assignees, and successors from any liability for all acts in good faith.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

**Send this completed form to your Agency Liaison - or send directly to the Department of Central Management Services.**

|                    |                    |   |          |
|--------------------|--------------------|---|----------|
| Liaison Name _____ | Agency _____       | Approval of Deferred Compensation Office required before any transaction takes place. |          |
| Date _____         | Phone Number _____ | Date _____  | By _____ |

In compliance with the State and Federal Constitution, the Illinois Human Rights Act, the Americans with Disabilities Act and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity. Central Management Services requests disclosure of information that is necessary to establish its obligations, primarily the statutory purposes under the State Employee Group Insurance Act (5 ILCS 375). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a change of address. Social Security numbers are used in the application process to properly identify members and their dependents, if any. Confidentiality of Social Security numbers obtained through this change of address process will be preserved as prescribed by 5 ILCS 179 et seq.