

LUMP SUM ANNUAL/COMPENSATORY/PTO LEAVE PAYOUT FORM
For Deposit into the County's 457 Deferred Compensation Plan (ING)

Complete this form and return it to:
ING, Attn: Steve Wright 7th Floor EOB,
101 Monroe Street, Rockville, MD 20850

Please print or type the following information:

Name		Date of Birth
Address		Social Security Number ____ - ____ - ____
City	State, Zip Code	
Home Telephone () -	Office Telephone () -	

I elect to have \$_____ (indicate dollars and not hours of leave) of my Lump Sum Annual/Compensatory/PTO Leave deposited into my Montgomery County Deferred Compensation Plan account from my _____ final leave pay out check.
(DATE)

I understand that the amount I have elected can not exceed the total number of dollars allowed under Federal Law. I further understand that any funds not able to be deposited into my Montgomery County Deferred Compensation Plan account will be direct deposited, if authorized, or a check will be sent to my address of record. I understand that the Plan will not be held responsible for any tax penalties that may occur for an incomplete submission.

I agree to the terms of the Montgomery County Deferred Compensation Plan. I acknowledge that I have received and reviewed a prospectus for the mutual funds in which I am investing and that I understand the potential risks associated with these investments.

Participant's Signature: _____ **Date:** _____

Note: This allocation will not affect any current or future investment elections. If you wish to make changes to current or future investment elections, you will need to call 1-888-240-8080.

Revised 4/14/2011