



State of Arizona Public Employees
Deferred Compensation Plan
Retiree Accumulated Sick
Leave Deferral Notification Form
Page 1 of 1

This form must be submitted directly to Nationwide and not the General Accounting Office.

Personal Information

Name:
SSN Agency Code:
Street Address:
City: State: ZIP:
Primary Phone: Work Phone:
Anticipated Retirement Date: Intended Deferral Amount:
Email:

Confirmation

Please read and confirm by initialing next to each item below:

- I understand that I must enroll in the Deferred Compensation Plan prior to termination of employment.
I understand that notification to Nationwide (via Nationwide's receipt of this signed form) must take place no later than the last day of the month prior to the month of the anticipated deferral.
I understand that the deferral may take up to seventy-five (75) days following my date of separation from State service to process.
I understand that in order for the deferral to be processed in the current calendar year, it is my responsibility to make sure that:
1. All necessary paperwork (Form GAO-SL-50 with all supporting documents) is received by the GAO by November 15th of the current calendar year.
2. My notification to Nationwide (via Nationwide's receipt of this signed form) must take place no later than November 30th of the current calendar year.
I understand that I must allow sufficient time for agency processing of Form GAO-SL-50 prior to submission of the Form to the GAO.
I understand that the requested deferral amount may be reduced by Nationwide and/or the GAO in order to ensure that maximum deferral limits are not exceeded or to accommodate any necessary FICA/Medicare tax withholding deductions.

Signature

Signature: Date:
Nationwide Rep: Date:

Return Form: By Email: phxazfax@nationwide.com
By Fax: 602-650-1278

For Office Use Only

NRS confirmed deferral amount:

Check here if participant is enrolled in Traditional Catch-up.