



Nationwide® Retirement Solutions

On Your Side™

Return Form To:

NRS

4747 N 7th Street, Ste 418

Phoenix, AZ 85014

(602) 266-2733

www.arizonadc.com

Retiree Accumulated Sick Leave Deferral Notification Form

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

Social Security Number: _____

Agency Code: _____

EIN: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Anticipated Retirement Date: _____

Intended Deferral Amount: \$ _____

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

_____ 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.

Employee Signature: _____

Date: _____

Nationwide Rep: _____

Date: _____

For Office Use only:
NRS confirmed deferral amount: _____

DC-4466-0606