LUMP SUM DEFERRAL FORM

Complete this form if you wish to defer part of your Lump Sum Payout to either your MissionSquare (fka ICMA-RC) or Ohio 457 Deferred Compensation account.

Select your Lump Sum Payment Type

☐ Retirement ☐ DROP

Payroll (Lump Sum Payout) Date: _____ Employee ID#: _____

Employee Name: _____

Employee Phone Number: _____

I authorize my employer to defer $_____ from my Lump Sum amount to:

☐ MissionSquare Retirement (fka ICMA-RC) 800-669-7400
Employer Plan #**300104**
☐ Traditional Pre-Tax Plan ☐ Roth Plan

☐ Ohio 457 Deferred Compensation (OPEDC) 877-644-6457
*You **must** contact Ohio 457 at least 30 days **prior** to the lump sum pay date*
Employer Plan #**0455001**
☐ Traditional Pre-Tax Plan ☐ Roth Plan

Employee Signature: _____ Date: _____

Forms can be mailed to CentralPayrollHelp@cincinnati-oh.gov or sent by interoffice mail to: City Payroll, City Hall Room 240.
These must be submitted 30 days prior to retirement date.

2026 Limits

Normal Deferral	$24,500
Age 50 and Over	$32,500
Ages 60-63	$35,750
Pre-Retirement "Catch-Up" **	$49,000

**Employee must contact 457 Plan Provider to qualify

Revised 11/17/2025