ICMA RC
Building Retirement Security

RESCISSION FORM

- Use this form to rescind "CANCEL" your Lump Sum, Rollover, or Co-Administrator Transfer request.
- You must complete one *Rescission Form* per ICMA Retirement Corporation Account.

1 Participant Information

Employer Plan Number |___ ___ ___ ___ ___ ___|

Employer Plan Name |___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___|

Social Security Number |___ ___ ___|-|___ ___|-|___ ___ ___ ___|

Daytime Phone Number |___ ___ ___|Area Code|___ ___ ___|-|___ ___ ___ ___|

Full Name of Participant

|___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___|Last |___ ___ ___ ___ ___ ___ ___ ___|First |___|M.I.

2 Rescission Type

Please select the request type to rescind:

- ❑ Any Lump Sum, Rollover or Co-Administrator Transfer
- ❑ Rollover or Co-Administrator Transfer to _____
  (if left blank all rollovers and transfers will be considered rescinded).

In order for your request to be rescinded "CANCELED", all of the following conditions must apply:

(1) This *Rescission Form* must be received by ICMA-RC before your funds are distributed

(2) This *Rescission Form* must be signed by you on or after your original request

(3) The request type selected to rescind on this *Rescission Form* must match your original request

3 Resume Contributions to ICMA-RC

If you are still employed with the Employer in Section 1, please complete this section to resume contributions to ICMA-RC.

I authorize my employer to resume contributions to ICMA-RC in the amount of $_____ or

_____% per pay period, beginning with pay period ___ ___ / ___ ___ / ___ ___ ___ ___ (mm/dd/yyyy).
If this section is completed, please give your employer the 2nd copy, so they can resume contributions. If you left this section blank, you can discard the 2nd copy.

4 Where to send

Please fax this form to **1-202-682-6439** (no fax cover sheet is needed).

If faxing is not available, please mail this form to:

ICMA Retirement Corporation
P.O. Box 96220
Washington, DC 20090-6220

Please be aware ICMA-RC may process your original request before this *Rescission Form* is received.

5 Participant Signature

_____ Participant Signature

_____ Date