

DC & DB Distribution/Retirement Authorized Signer Form

Jurisdiction Name: Effingham County

ACCG Retirement Services requires individuals to be designated to sign off on participant distribution/retirement forms as an authorized signer. Distribution & Retirement requests cannot be processed unless one of the listed individuals have signed the participants form.

Effective _____, 2022, the Employer hereby designates the persons listed below as the individuals who may sign distribution forms as an authorized signer.

PLEASE ENTER THE NAME OF THE INDIVIDUAL(S) WHO SHOULD BE **DESIGNATED** AS AN AUTHORIZED SIGNER.

<p>1) Name: _____ <input checked="" type="checkbox"/> DC <input type="checkbox"/> DB</p> <p>Title: _____</p> <p>Email Address: _____</p> <p>Signature: _____</p>	<p>3) Name: _____ <input checked="" type="checkbox"/> DC <input type="checkbox"/> DB</p> <p>Title: _____</p> <p>Email Address: _____</p> <p>Signature: _____</p>
<p>2) Name: _____ <input checked="" type="checkbox"/> DC <input type="checkbox"/> DB</p> <p>Title: _____</p> <p>Email Address: _____</p> <p>Signature: _____</p>	<p>4) Name: _____ <input checked="" type="checkbox"/> DC <input type="checkbox"/> DB</p> <p>Title: _____</p> <p>Email Address: _____</p> <p>Signature: _____</p>

ACCG may rely upon each designation set forth above until such future date as the Employer delivers written notice of the termination of authority of a designated individual. This form must be authorized here by the Jurisdiction Manager, Administrator, Commissioner, or Chairman.

Jurisdiction Management Approval

Authorized By Signature : _____
physical signature required

Print Name & Title: _____

Date: _____

****Please upload this form to the ACCG Secure Website to the “Completed Forms” folder****