**Section 2525.ILLUSTRATION A Notice to Transfer a Privilege or Retaliatory Tax Overpayment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTICE TO TRANSFER A PRIVILEGE OR**  **RETALIATORY TAX OVERPAYMENT** | | | | | | | | | | | | | | | | | | | | | |
| Federal Employer Identification Number (FEIN) | | | | | | | | | |  | | | | | | | |  | | | |
|  | | | | | | | | | | Company Transferring Overpayment | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| By the |  | | | | | | | | | | | | Insurance Company | | | | | | | | |
| Name of Company Transferring Overpayment | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | |
| Street and Number | | | | | City | | | | | | State | | | | | Zip Code | | | | | |
| The overpayment amount being transferred $ | | | | | | | |  | | | | | | | | | | to | | | |
|  | | | | | | | | | | | | | | | | | | |  | | |
| Name of Company Receiving the Overpayment | | | | | | | | | | | | | | | | | | | | | |
| Federal Employer Identification Number (FEIN) | | | | | | | | |  | | | | | | | | | | |  | |
| Company Receiving the Overpayment | | | | | | | | | | | | | | | | | | | | | |
| The monetary amount exchanged for the overpayments transferred $ | | | | | | | | | | | | | |  | | | | | | |  |
| I, | |  | | | | | , do hereby certify that, to the best of my | | | | | | | | | | | | | | |
| (print) | | | | | | | | | | | | | | | | | | | | | |
| knowledge, the matters asserted in this Notice of Transfer are true and correct. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Date: | |  | | | |  |
| Signature of an Officer of the Company Transferring the Overpayment | | | | | | | | | | | | | | | | | | | | | |
| I, | | |  | | | , do hereby certify that, to the best of my | | | | | | | | | | | | | | | |
| (print) | | | | | | | | | | | | | | | | | | | | | |
| knowledge, the matters asserted in this Notice of Transfer are true and correct. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | Date: | |  | | | |  |
| Signature of an Officer of the Company Receiving the Overpayment | | | | | | | | | | | | | | | | | | | | | |
| **Internal Department Use Only** | | | | | | | | | | | | | | | | | | | | | |
| Date Transfer was completed | | | |  | | | | | | | |  | | | | | | | | | |

(Source: Amended at 24 Ill. Reg. 10235, effective July 1, 2000)