**Section 4415.ILLUSTRATION A Designation for Fund Transfer for State Pension Fund for Payment of Annual Compliance Fee**

Illinois Department of Insurance

Public Pension Division

Designation for Automated Clearing House Payment of Annual Compliance Fees

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State Pension Fund Name: | | | | |  | | | | | | | | |
| City: |  | | | | | | | | State | |  | Zip Code |  |
| Fund Account Number to be Debited: | | | | | | |  | | | | | | |
| Fund Account Number to be Credited: | | | | | | | |  | | | | | |
| Amount of Transfer: | | | |  | | | | | | | | | |
| Requested Date of Transfer: | | | | | |  | | | | | | | |
| Statutory Authority: | | | |  | | | | | | | | | |
| Authorized State Pension Fund Representative: | | | | | | | | | |  | | | |
| Phone Number: | | |  | | | | | | | | | | |
| Signed: | |  | | | | | | | | | | | |
| Dated: |  | | | | | | | | | | | | |

(Source: Amended at 30 Ill. Reg. 13176, effective July 24, 2006)