**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

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| --- | --- |
| 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)