SINGLE SUM BENEFITS

TRANSMITT

ETFWEBSP. LUMPSUM CHECKS

GEN# G0431

VOUCHER DATE: 05/24/04 VOUCHER NUMBER: 995

FUND 747 - FIXED FUND

APPROP	ACCOUNT	ORG	AMOUNT	DESCRIPTION
1 68 7	5300	5000	$ 202,264.90	RETIREMENT - DEATH
1 68 7	5310	5000	$	DISABILITY - DEATH
1 68 7	5320	5000	$	BENEFICIARY - DEATH
1 68 7	5330	5000	$ 408,274.22	SEPARATION
1 68 7	5340	5000	$ 243,518.63	MINIMUM ANNUITY
1 68 7	5350	5000	$ 24,466.74	EMPLOYE DEATH
1 56 7	5360	6100	$	MILW TEACHER SPECIAL DEATH
1 68 7	530020	5000	$	RETIREMENT - DEATH - ROLLOVER
1 68 7	531020	5000	$	DISABILITY - DEATH - ROLLOVER
1 68 7	532020	5000	$	BENEFICIARY - DEATH - ROLLOVER
1 68 7	533020	5000	$ 2,081.82	SEPARATION - ROLLOVER
1 68 7	534020	5000	$ 391,112.74	MINIMUM ANNUITY - ROLLOVER
1 68 7	535020	5000	$ 18,726.46	EMPLOYE DEATH - ROLLOVER
TOTAL FIXED BENEFITS			$ 1,290,445.51	
1 68 B	5140	5000	$ (141,844.00)	FEDERAL W/H - 941
1 68 B	5140	5000	$	FEDERAL W/H - 1042
1 68 B	5190	5000	$ (1,627.46)	MISCELLANEOUS W/H
TOTAL DEFERRED ITEMS			$ (143,471.46)	
TOTAL FIXED PAYABLE AMOUNT			$ 1,146,974.05	
TOTAL VARIABLE PAYABLE AMOUNT (pg 2)			$ 989,409.39	
TOTAL FIXED AND VARIABLE PAYABLE AMOUNT			$ 2,136,383.44	

COMPLETED BY: Pam Marty

DATE: 05/25/2004

SINGLE SUM BENEFITS
TOTALS TRANSMITTAL FORM

VOUCHER DATE: 5/24/2004 **VOUCHER NUMBER:** 995

FUND 751 - VARIABLE FUND

APPROP	ACCOUNT	ORG	AMOUNT	DESCRIPTION
1 69 7	5300	5000	$ 153.50	RETIREMENT - DEATH
1 69 7	5310	5000	$	DISABILITY - DEATH
1 69 7	5320	5000	$	BENEFICIARY - DEATH
1 69 7	5330	5000	$ 12,657.43	SEPARATION
1 69 7	5340	5000	$ 5,494.63	MINIMUM ANNUITY
1 69 7	5350	5000	$	EMPLOYE DEATH
			$	
1 69 7	530020	5000	$	RETIREMENT - DEATH - ROLLOVER
1 69 7	531020	5000	$	DISABILITY - DEATH - ROLLOVER
1 69 7	532020	5000	$	BENEFICIARY - DEATH - ROLLOVER
1 69 7	533020	5000	$	SEPARATION - ROLLOVER
1 69 7	534020	5000	$ 971,103.83	MINIMUM ANNUITY - ROLLOVER
1 69 7	535020	5000	$	EMPLOYE DEATH - ROLLOVER

TOTAL VARIABLE BENEFITS $ 989,409.39

COMPLETED BY: Pam Marty

DATE: 05/25/2004

Bridge Closure Document

	Direct Rollover	WRS DEATH SCS/SEPARATION BENEFIT						
Social Security No. [redacted]	Plan Key P01	Date of Birth 10-05-71	Last Name [redacted]					
Ben Type 171	Pymt Opt CD 50	Calc CD 0	Ben Rights 13	Correction	Year Paid 04			
Appl Rec'd Date 05-18-04	Death SCS/Sep Eff Date 07-09-04	Addl Ann Cert End Dt — —	Bene Total					

	BENEFIT SERVICE	ALL CAT TOTAL
CAT		
PRE2K		
TOTAL		

	FIX EMP REQ	FIX DEATH VALUE INACT	FIX MP VALUE	SEP VALUE	REQ IIC	BAC IIC	RES EXC/DEF
	1-1 Bal. + ADJ						
	Cur Yr Adj + Contr.						
79							
56							
BEN.	4872.32			4872.32			

	VAR EMP REQ	VAR DEATH VALUE INACT	VAR MP VALUE	VAR AT FIX	VAR EXC/DEF
	1-1 Bal. + ADJ				
	Cur Yr Adj + Contr.				
79					
56					
BEN.					

	FIXED ADDITIONAL				VARIABLE ADDITIONAL		
	TAX DEF	EMP REG	EMP REG IIC	EMPR PD	TAX DEF	EMP REG	EMPR PD
	1-1 Bal. + ADJ						
	Cur Yr Adj + Contr.						
79							
56							
BEN.							

CHECK ONLY ONE:

- ☐ 0 Correction to Prev. Benefit Form
- ☐ 1 Close Req. Only
- ☐ 2 Close Add'l. Only
- ☐ 3 Close Req., Partial Add'l.
- ☐ 4 Partial Req.
- ☐ 5 Other Beneficiaries To Be Paid
- ☐ 6 Close, Last Beneficiary Paid
- ☒ 7 Close Entire Acct.

Prepared by/Date	dmc	7/6/07
Audited by/date		

ET-8477 (REV 11/2002)

Date: 7/07/04

Department of Administration
State Controller's Office-
Cash Management Operations
P.O. Box 7932
Madison, WI 53707-7932
Phone: (608) 266-8347
Fax: (608) 264-9300

Stop Payment/Duplicate Check Request

☒ Request for PHOTOCOPY of check or STOP PAYMENT and DUPLICATE CHECK

☐ Request for a REISSUED CHECK from Cancelled Draft Fund

☐ Request CREDIT for Improper Endorsement

Check Number	**H6-763-998**
Payee	**TRENT JORDAN**
Date of Check	**7/02/04**
Amount	**$1,197.73**
Fund, Agency & Voucher Number	**747, 515 # 1002**

Person Handling	**JANICE ATZEN**
Telephone Number	**264-8320**
Issuing Department	**ETF – PAYMENTS**
Room Number	**GROUND FLOOR**
Building	
Street	**801 W BADGER RD**
City, State, Zip	**MADISON WI 53702**

Reason for Request	**LOST CHECK**

FOR STATE TREASURER'S USE ONLY

Paid	Outstanding as of

FOR ISSUING AGENCY USE

SSN: 388-94-1217

Replacement Check #:

Replacement Check Date:

Date Mailed:

ET-7264