



DEFERRED COMPENSATION PLAN
ROLLOVER OF FUNDS FORM
(INCOMING PLAN TRANSFER)



(212) 306-7760 • TTY (212) 306-7707 • (888) DCP-3113 (Outside NYC) • nyc.gov/deferredcomp

Please Print - Black Ink Preferred

457 Plan: This form represents a Plan-to-Plan Transfer of funds from a previous employer's 457 plan into the City's 457 Plan.

401(k) Plan: This form represents an eligible rollover distribution from an eligible retirement plan into the City's 401(k) Plan.

You must be enrolled in the Deferred Compensation Plan before a rollover/transfer of funds can be accepted into either the 457 Plan or the 401(k) Plan.

I. PERSONAL INFORMATION

Form fields for Social Security Number, Date of Birth, Area Code, Home Telephone No., Area Code, Work Telephone No., Last Name, First Name, MI, Home Mailing Address - Number and Street, Apt. No., City, State, Zip Code.

Agency Name (Not Division):

II. PREVIOUS INVESTMENT PROVIDER/PLAN INFORMATION

Form fields for Provider/Plan Name, Account No., Address, Plan Type (IRA, 401(k)/403(b)/401(a), 457), Amount of Transfer, Contact Name, Phone Number.

III. DEPOSIT ALLOCATION

For a description of the investment funds, refer to the Summary Guide of 457& 401(k) Plan Provisions. Note: This allocation will not affect any current or future investment allocations you have with the Plan. You can make changes to your account by either visiting the Plan's Web site at http://nyc.gov/deferredcomp or via the telephone by calling (212) 306-7760 and pressing 1 for KeyTalk.

Investment of rollover/transfer contribution: Choose either one of the pre-arranged portfolios or a mix of core investment options. I. Pre-Arranged Portfolios: Choose only one: 1. 2045 Fund, 2. 2040 Fund, 3. 2035 Fund, 4. 2030 Fund, 5. 2025 Fund, 3. 2020 Fund, 7. 2015 Fund, 8. 2010 Fund, 9. 2005 Fund, 10. 2000 Fund, 11. 1995 Fund, 12. Static Allocation Fund. OR II. Core Investment Options Create your own portfolio: Enter the percentage (in whole numbers) to be deposited in each investment option. The total must add up to 100%. 1. Stable Income Fund, 2. Bond Fund, 3. Equity Index Fund, 4. Socially Responsible Fund, 5. Mid-Cap Equity Fund, 6. International Equity Fund, 7. Small-Cap Equity Fund, Investment allocation must total 100% (1 0 0 %).

IV. TYPE OF ROLLOVER

- Direct Rollover:** Trustee-to-Trustee transfer - The Deferred Compensation Plan will accept direct eligible rollover distributions from an eligible retirement plan. Payment will come directly from the previous plan or IRA. The Plan will not accept rollovers from a Roth IRA or a Roth 403(b) plan.
- Indirect Rollover:** The Deferred Compensation Plan will accept eligible rollover distributions from an eligible retirement plan when the amount to be deposited was made only on a pre-tax basis or was tax deductible. This amount must have been received by you, from the previous plan, no longer than 60 days prior to deposit in the Deferred Compensation Plan. The Plan does not accept indirect rollover Roth distributions. Please enclose check.

V. PAYMENT INSTRUCTIONS

For 457 Plan to Plan Transfers, make check payable to: City of New York Deferred Compensation 457 Plan
 For 401(k) Eligible Rollover Contributions, make check payable to: City of New York Deferred Compensation 401(k) Plan
 Please include the participant's name and Social Security number on the check.

Important: This form needs to arrive **prior** to or at the same time the funds arrive to effect the transactions requested on the front of this form.

Return this form and check to:

NYC Deferred Compensation Plan
 P.O. Box 11151A
 New York, NY 10286-1151

VI. AUTHORIZATION AND SIGNATURE

I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling over are, in fact, eligible for such treatment. I understand that the Plan will not be held responsible for any tax penalties that may occur for an incomplete submission or for a transfer of funds ineligible for rollover treatment.

I understand that I can obtain information regarding distribution rules and penalties for early withdrawals from the Plan's *Distribution Guide for the 457 & 401(k) Plans*.

I understand that if the rollover assets ("Assets") are received before this form is received by the Deferred Compensation Plan's Administrative Office, the Assets will be allocated in the same manner as my current Investment Allocation for that particular Plan designated for incoming assets. I further understand that I can transfer my money between investment options at any time through the Plan's Web site or VRU using my PIN. For transactions made through the Web site or VRU, the Plan will act on my instructions; neither the City of New York nor the Plan's recordkeeper, FASCore, will be liable for any investment loss, liability, cost or expense for implementing any such instructions.

I understand that my participation in the Deferred Compensation Plan is governed by the applicable Plan Document, the Internal Revenue Code, and state and local laws and regulations. Administrative charges are currently \$12.50 per quarter in the Deferred Compensation Plan.

I understand that I can obtain information about the Plan's investment options, including descriptions and/or prospectuses, by contacting the Plan's Administrative Office at (212) 306-7760.

My signature indicates that I have read and understand the effect of my election and agree to all pages of this form. I affirm that all information provided is true and accurate.

Signature: _____ Date: _____

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