

**SECTION 1
PLAN ACCOUNTS**

If you have more than one Plan account, check each account for which the change(s) on the form should apply. Use another Change Form if you wish to designate different beneficiaries for each account.

**SECTION 2
ENROLLMENT INSTRUCTIONS**

You can enroll in the 457 Plan or the 401(k) Plan electronically 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®.

Electronic enrollment is a two-step process:

First, you must request enrollment materials which include the Summary Guide of 457 & 401(k) Plan Provisions and an Investment Planning video. These items will be mailed to the address on file with payroll and can be ordered online or through the telephone. Upon requesting enrollment materials, a Personal Identification Number (PIN) will be generated and mailed to you.

Once you receive these items, you can enroll online or through the telephone. You will need your Social Security number along with the assigned PIN in order to enroll.

You can also obtain an Enrollment Form by calling (212) 306-7760 or by visiting the Plan's Web site at <http://nyc.gov/deferredcomp>.

If you would like to set up a 401(k) Plan Special Rollover Account, please contact the Plan's Administrative Office directly for the appropriate form.

ACCOUNT CHANGES

You cannot use this form to make deferral percentage changes or investment changes (allocation changes and account transfers). To make these types of account changes, you must access the Plan's Web site at <http://nyc.gov/deferredcomp> or KeyTalk® through the Plan's automated telephone voice response system at (212) 306-7760 (or (888) DCP-3113 if you are calling from outside NYC). Your Personal Identification Number (PIN) will be required in order to access your account.

**SECTION 3
PARTICIPANT INFORMATION**

Address changes will apply to all plans.

**SECTION 4
MAXIMUM ALLOWABLE ANNUAL DEFERRAL**

The maximum allowable annual deferral amount is \$15,000 in 2006. If you will be age 50 or older during the calendar year, your maximum deferral limit will be \$20,000 in 2006. If you wish to contribute up to the maximum allowable annual deferral, indicate that by checking box a in section 4 on page 1 of the Change Form. Checking box a does not guarantee that you will contribute the maximum allowable amount. To contribute the maximum, you must choose the appropriate deferral percentage based on your annual salary. Please use the Plan's account computation software, available for download from the web site at nyc.gov/deferredcomp, to assist you.

If you are contributing at least 7.5% of your annual wages to either the 457 Plan or the 401(k) Plan and you are not a member of the pension system, you need not pay Social Security (FICA) tax. However, you need not contribute more than 7.5% of the Social Security wage base to the Plan in lieu of FICA. If you wish to contribute only the minimum that is required, indicate that by checking box b in section 4 on page 1 of the Change Form. You may not contribute to both the Deferred Compensation Plan and FICA unless you contribute less than 7.5% to the Plan or are a member of the pension system. Certain titles under the Health and Hospitals Corporation (HHC) are not eligible for this provision. HHC employees should contact their benefits representative for eligibility information on this provision.

For information on deferral percentage changes, please see Section 2 Account Changes above.

**SECTION 5
BENEFICIARY ELECTION**

If you are naming a person as your beneficiary, you should select "A Person" in the first box, even if your beneficiary is a minor child. Do not select "A Trust" unless you have already created the trust (or arranged for one to be created under your will). The Plan cannot establish a trust for you.

You must name a beneficiary when you enroll. If you die, your account balance or remaining payments will be paid in this order:

1. To your surviving primary beneficiary(ies);
2. If there are no surviving primary beneficiaries, to your surviving contingent beneficiaries;
3. If there are no surviving primary or contingent beneficiaries, to your surviving spouse;
4. If there is no surviving spouse, to your estate.

You may designate more than one primary beneficiary. You must also indicate the percentage you wish each primary beneficiary to receive upon your death. The total must equal 100%. You may also designate more than one contingent beneficiary. The percentages you wish each contingent beneficiary to receive upon your death must also total 100%. For example, you elect two primary beneficiaries and specify that each primary should receive 50% of your account balance upon your death. You also elect three contingent beneficiaries and specify that one contingent should receive 50% and the other two should receive 25% each (totaling 100%). The contingent beneficiaries will only receive your account in the event there are no surviving primary beneficiaries.

Please note that if you are participating in both the 457 Plan and the 401(k) Plan, changing beneficiaries in one plan will not effect changes in the other plan, unless you indicate otherwise in section 1 of the Change Form.

Employees
Social Security Number:

5 BENEFICIARY ELECTION CONTINUED:

3rd	This beneficiary is (check one): <input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	Status (refer to page 2 for explanation): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary's Social Security Number <input type="text"/>
	Beneficiary's (or Trustee's) Last Name (Include additional information below.) <input type="text"/>		Beneficiary's (or Trustee's) First Name <input type="text"/>
Beneficiary's (or Trustee's) Home Mailing Address - Number and Street <input type="checkbox"/> Check if this is a new address.		Apt. No. <input type="text"/>	
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>
Country <input type="text"/>			
Percentage to be received: <input type="text"/> . <input type="text"/> %	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	Additional Trust or Charity/Organization Information <input type="text"/>	

4th	This beneficiary is (check one): <input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	Status (refer to page 2 for explanation): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary's Social Security Number <input type="text"/>
	Beneficiary's (or Trustee's) Last Name (Include additional information below.) <input type="text"/>		Beneficiary's (or Trustee's) First Name <input type="text"/>
Beneficiary's (or Trustee's) Home Mailing Address - Number and Street <input type="checkbox"/> Check if this is a new address.		Apt. No. <input type="text"/>	
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>
Country <input type="text"/>			
Percentage to be received: <input type="text"/> . <input type="text"/> %	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	Additional Trust or Charity/Organization Information <input type="text"/>	

5th	This beneficiary is (check one): <input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	Status (refer to page 2 for explanation): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary's Social Security Number <input type="text"/>
	Beneficiary's (or Trustee's) Last Name (Include additional information below.) <input type="text"/>		Beneficiary's (or Trustee's) First Name <input type="text"/>
Beneficiary's (or Trustee's) Home Mailing Address - Number and Street <input type="checkbox"/> Check if this is a new address.		Apt. No. <input type="text"/>	
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>
Country <input type="text"/>			
Percentage to be received: <input type="text"/> . <input type="text"/> %	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	Additional Trust or Charity/Organization Information <input type="text"/>	

6th	This beneficiary is (check one): <input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	Status (refer to page 2 for explanation): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary's Social Security Number <input type="text"/>
	Beneficiary's (or Trustee's) Last Name (Include additional information below.) <input type="text"/>		Beneficiary's (or Trustee's) First Name <input type="text"/>
Beneficiary's (or Trustee's) Home Mailing Address - Number and Street <input type="checkbox"/> Check if this is a new address.		Apt. No. <input type="text"/>	
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>
Country <input type="text"/>			
Percentage to be received: <input type="text"/> . <input type="text"/> %	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	Additional Trust or Charity/Organization Information <input type="text"/>	

6 Your Signature: I wish to effect the changes noted above in the Deferred Compensation Plan. I affirm that the information is true and accurate.

Signature _____ Date: ____/____/____

	Initial	Date	PMS Document #	Effective Date (MM/DD/YYYY)
Do Not Write in This Box	DCP Database	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Payroll	<input type="text"/>	<input type="text"/>	<input type="text"/>