DEFERRED COMPENSATION PLAN
LOAN OFFSET FORM

Deferred Compensation Plan, Bowling Green Station, P.O. Box 93, New York, New York 10274-0093
(212) 306-7760 • (888) DCP-3113 (Outside NYC) • nyc.gov/deferredcomp

PLEASE PRINT - BLACK INK PREFERRED

DONOTWRITEINTHISBOX
AGENCYPAYROLLCODE

This form is for use by participants who have experienced a distributable event and must offset their outstanding Plan loan(s). A distributable event is severance from City service, attainment of age 59½, total disability or death. By submitting this form, an IRS Form 1099-R will be issued to you for the total outstanding loan balance in the year in which this offset form is received.

I. PARTICIPANT INFORMATION

PARTICIPANT ID OR LAST FOUR OF SSNO | DATE OF BIRTH (MM/DD/YY) / / | AREA CODE | HOME TELEPHONE NO. | AREA CODE | WORK TELEPHONE NO.

LAST NAME | FIRST NAME | MI

HOME MAILING ADDRESS - NUMBER AND STREET ❑ CHECK HERE IF THIS IS A NEW ADDRESS | APT. NO.

CITY | STATE | ZIP CODE + FOUR +

II. PAYROLL INFORMATION

AGENCY NAME (NOT DIVISION)

III. LOAN NUMBER(S) Please refer to your Loan Document(s):

❑ 457 Loan # _____ ❑ 457 Loan # _____

❑ 401(k) Loan # _____ ❑ 401(k) Loan # _____

VI. LOAN OFFSET REASON

❑ Severance of Employment / / (MM/DD/YY)

❑ Eligible for In-Service Distribution ***401(k)***: You must be at least age 59½ ***457:*** You must be at least age 59½

❑ Disability: Attach a letter from Pension verifying your disability retirement

V. SIGNATURE

This loan offset must be for the entire outstanding loan balance. In the event that any section of this form is incomplete or inaccurate, you may be required to complete a new form or provide additional or proper information before the loan offset can be processed. Any subsequent payments received in connection with this loan will be refunded to you. An IRS Form 1099-R will be issued to you for the year in which this Loan Offset Form was received.

My signature acknowledges that I have read the entire Loan Offset Form, that I understand its contents, agree to its provisions, and affirm that all information that I have provided is true and correct.

I understand that if I have selected Disability as my loan offset reason, I must complete and attach a Certification of Disability Request.

PARTICIPANT SIGNATURE | DATE / /

DO NOT WRITE IN THIS BOX - DCP OFFICE USE ONLY

The Plan Administrator hereby authorizes Service Provider to process the loan offset for the reason described in this form. This loan offset is in compliance with the Plan provisions.

AUTHORIZED PLAN REPRESENTATIVE | DATE / /