Deferred Compensation Plan
457 Small Account Withdrawal Form

Please Print (black ink preferred)

Mail (do not fax) completed form to:
DEFERRED COMPENSATION PLAN
Bowling Green Station, P.O. Box 93
New York, New York 10274-0093
(212) 306-7760 TTY (212) 306-7707
1-888-DCP-3113 (outside NYC)
Web site: nyc.gov/deferredcomp

Participant Information

Social Security Number | Date of Birth (MM/DD/YY) / / | Area Code | Day Time Telephone | Area Code | Work Telephone

Last Name | First Name | M.I.

Home Mailing Address - Number and Street - *Check here if this is a new address.* ❑ | Apt. No.

City | State | Zip Code + Four +

Instructions

If you have already severed from City service, do not complete this form. You can request distribution from your account by completing the Deferred Compensation Plan Distribution Form which can be found at nyc.gov/deferredcomp.

If you take a 457 Small Account Withdrawal, you may rejoin the 457 Plan in the future. You can enroll through the Plan's Web site at nyc.gov/deferredcomp or by completing an Enrollment Form. The Small Account Withdrawal provision may only be used once.

Authorization

By Signing this application, I hereby acknowledge that the following criteria have been met:

1. My total 457 account balance does not exceed $5,000 as of the date of this one time Small Account Withdrawal.
2. I have not deferred any compensation to my 457 account during the two-year period ending on the date of distribution.
3. I have had no prior Small Account Withdrawal distribution under the Plan.
4. I do not have an outstanding 457 Plan loan.

I understand that the Plan will withhold a mandatory 20% federal tax withholding to comply with IRS guidelines and that I will be liable for applicable state and local taxes.

Signature: _____ Date*: ____ / ____ / ____

**** The date you sign the form must match the date on which the signature is notarized.***

Statement of Notary to be Completed by Notary *(Notary seal must be visible/legible)*

State of)

SS.:)

County of)

On _____ * before me, the undersigned, personally appeared _____

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Office use Only		INITIAL	DATE	WITHDRAWAL EVENT NUMBER	
	Processor		/ /		G:DCP/Form/457_SAW_Form.indd 2/2012
	Authorizer				