

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 Telep	hone
	/ / /				
Last Name			First Name		M.I.
Home Mailing Address - Number and Stre	eet - Check here if this is a new add	lress. 🔲			Apt. No.
City			Stat	te 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 <u>once</u> .					

Authorization

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

- 1. My total 457 account balance does not exceed \$7,000 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)							
) S	SS.:						
County of)							
	*1.6							
On	^ before me, th	ne undersigned, personally ap	peared					
instrument and acknowle	edged to me that he/she ex	asis of satisfactory evidence to kecuted the same in his/her candividual acted, executed the	apacity, and that by his/h					

Office use		INITIAL	DATE	WITHDRAWAL EVENT NUMBER	
Only	Processor				
	Authorizer				G:DCP/Form/457_SAW_Form.indd 10/24/2024