



Deferred Compensation Plan

457 Account

Unforseeable Emergency Hardship Application



Office of Labor Relations Deferred Compensation Plan & NYCE IRA

22 Cortlandt Street, 28th Floor, New York, NY 10007
Tel: 212 306-7760 / Outside NYC: 888 DCP-3113 and 888 IRA-NYCE
nyc.gov/deferredcomp and nyc.gov/nyceira

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457 PLAN HARDSHIP (UNFORESEEABLE EMERGENCY) WITHDRAWAL APPLICATION

The New York City Deferred Compensation Plan (the “Plan”) understands that you are considering a request for an Unforeseeable Emergency distribution to withdraw funds from your Deferred Compensation 457 Plan account.

Before you apply, keep in mind:

The Internal Revenue Code (the “IRC”) and Treasury regulations govern the circumstances in which funds may be withdrawn from your account. The Internal Revenue Service (the “IRS”) requires that this withdrawal be your last and final resort to alleviate your difficulties.

If your situation is deemed an Unforeseeable Emergency by the Deferred Compensation Board (the “Board”), the amount of your withdrawal request cannot exceed the current value of your account. The withdrawal will be deducted from your Pre-tax account and/or Roth account, based on your request. If your hardship is met by utilizing only one account, then your hardship distribution will be taken from the account of your choice.

How to apply for an emergency hardship withdrawal?	What happens after you apply?
<p>Please follow each step listed below for your withdrawal to be in compliance with the requirements of the IRS.</p> <p style="text-align: center;">Step 1</p> <p>Review qualifying examples on page (ii).</p> <p style="text-align: center;">Step 2</p> <p>Apply for a loan with the Plan and/or your Pension system, for which you may qualify, prior to submitting this application since this withdrawal must be your last and final resort.</p> <p style="text-align: center;">Step 3</p> <p>Complete each section of this 457 Application, including the financial summary on page 3 of this application and gather all SUPPORTING DOCUMENTS as outlined on page 2. You must include a copy of a government issued ID that is unexpired.</p> <p style="text-align: center;">Step 4</p> <p>E-Mail the completed application and supporting documents to: NEWYRK@VOYAPLANS.COM or Fax to 844-299-2362 You must put “Hardship” in the subject line. Please do not include your full Social Security number. Please include the last 4 digits of your SSN or Employee ID.</p>	<p>The Board reviews hardship withdrawal requests on the third Thursday of each month, however, this date is subject to change. The Plan must be in receipt of your completed application by 5:00 p.m. on or before the Wednesday of the week prior to the third Thursday of the month.</p> <p>The Plan will initially review your application to determine if your request might qualify for a withdrawal under Section 457 of the IRC. If it does not, you will be notified in writing. Otherwise, if your application is complete and supporting documentation is sufficient, your request will be reviewed by the Board at its next regularly scheduled meeting. You will be notified of the Board’s determination.</p> <p>If your request is approved by the Board, you have the option to receive payment via one of the methods below:</p> <ol style="list-style-type: none"> 1. Check sent via regular mail, 2. Direct deposit, you must complete the attached DIRECT DEPOSIT FORM, or 3. Check sent via express delivery.

IRC DEFINITION OF AN UNFORESEEABLE EMERGENCY WITHDRAWAL

§1.457-6(c)2(i) Unforeseeable emergency. For purposes of this paragraph (c), an unforeseeable emergency is, and if the plan provides for payment in the case of an unforeseeable emergency must be defined in the plan as, severe financial hardship to the participant resulting from a sudden and unexpected illness or accident of the participant or of a dependent (as defined in section 152(a)) of the participant, loss of the participant’s property due to casualty, or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant.

§1.457-6(c)2(ii) A distribution of unforeseeable emergency may not be made to the extent that such emergency is or may be relieved through reimbursement or compensation from insurance or otherwise by the liquidation of the participant’s assets to the extent the liquidation of such assets would not itself cause severe financial hardship or by cessation of deferrals under the plan.

§1.457-6(c)2(iii) Emergency withdrawals. Withdrawals of amounts because of an unforeseeable emergency must only be permitted to the extent reasonably needed to satisfy the emergency need.

EXAMPLES OF CIRCUMSTANCES THAT MAY QUALIFY AND DO NOT QUALIFY FOR A 457 HARDSHIP WITHDRAWAL

Circumstances that MAY Qualify	Circumstances that DO NOT Qualify
<ul style="list-style-type: none"> Involuntary loss of wages resulting from an illness, accident, or other similar and extraordinary circumstances arising as a result of events beyond your or your spouse’s control Unreimbursed medical expenses resulting from an illness, accident, or other similar and extraordinary circumstances arising as a result of events beyond your control for you, your spouse, a dependent who can be claimed on your tax return or your beneficiary Expenses associated with the imminent foreclosure of or eviction from your primary residence, including utility shut-off notices Damage to your primary home due to an accident or natural disaster (beyond insurance reimbursement) Repair or replacement of home heating system Legal expenses involving criminal charges against you, your spouse, a dependent who can be claimed on your tax return, or your beneficiary Funeral expenses for your spouse, a dependent who can be claimed on your tax return, a parent/close family member, or your beneficiary Relocation expenses resulting from extraordinary circumstances arising as a result of events beyond your control Utility shut-off notice unrelated to other qualifying circumstances (requires documentation detailing the extraordinary and unforeseeable circumstances that resulted in the shut-off notice) <p>“Other qualifying circumstances” include any related hardship: loss of income, foreclosure, etc.</p>	<ul style="list-style-type: none"> Loss of overtime pay, including loss of overtime pay due to illness or accident Wage garnishments resulting from alimony, back taxes, credit/loans, tickets/fine, etc. Credit cards/loans or any other knowingly incurred expenses, such as regular rent, mortgage payments, utilities, credit card bills, car payments, personal loan payments, insurance payments, etc. Purchase of a home, automobile, or other personal property, etc. Eviction/Foreclosure of SECONDARY residence Education expenses, such as college tuition Funds for living expenses that would provide a “cushion” for a period of time Unreimbursed medicals expenses associated with elective (cosmetic) surgery or procedures Routine maintenance or improvements related to vehicles, home, or other personal property Tax liability (payment of income tax, back taxes, or fines associated with back taxes) Vacation, wedding, or leisure expenses Personal bankruptcy Legal expenses (except in criminal cases) Expenses resulting from marital separation or divorce
NOTE: The above is not a complete list of circumstances.	NOTE: The above is not a complete list of circumstances.

Section I - Participant Information

SSNO/PARTICIPANT ID	DATE OF BIRTH	AGENCY NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	MI	LASTNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME ADDRESS	APT	
<input type="text"/>	<input type="text"/>	
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
MOBILE PHONE NUMBER	ALTERNATE PHONE NUMBER	E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: The address provided on this application must match your address on the system. Please ensure that both addresses match or the hardship application will not be processed.

Required Loan Information (PLEASE READ ENTIRE LOAN SECTION):

Did you apply for, or do you currently have, an outstanding loan with:

- Yes No The NYC Deferred Compensation Plan
 Yes No A NYC Pension System (NYCERS, TRS, Police, Fire, etc.)

If no, are you a member of a NYC Pension System? Yes No

If you are eligible for a loan, but do not have any active loans with the Plan and the pension system, **STOP!** Do not fill out this application since you do not qualify for a hardship withdrawal at this time. See Step 2 on Page i, "How to apply for an emergency hardship withdrawal?"

Section II - WITHDRAWAL INFORMATION

The amount you are requesting to meet your hardship cannot exceed the amount needed to cover the unforeseeable emergency expense or the total value of your account.

Withdrawal Amount

Select all that apply:

- Total value of my 457 account, less applicable taxes, amount for loan collateral, and delivery fees, if applicable,* OR
 457 Pre-Tax Account: Partial withdrawal in the NET amount of \$_____ after the withholding of mandatory federal income taxes and applicable delivery fees, if any, AND/OR
 457 Roth Account: Partial withdrawal in the NET amount of \$_____ after applicable delivery fees, if any, and in the event the distribution is deemed a non-Qualified Roth Distribution subject to the withholding of mandatory federal income taxes

Method of Payment

Specify how you would like to receive payment. Please note that certain methods of payment charge a fee. If none of the below options are selected, funds will be issued as a check and distributed via regular U.S. mail.

- Direct Deposit to my financial institution. You must complete the attached EFT Authorization Agreement - Allow approximately 8 business days from Board decision date to delivery.
 A check mailed to my home address - Allow approximately 13 business days from Board decision date to delivery.
 A check express mailed to my home address - Allow approximately 6 business days from Board decision date to delivery. *A \$25 fee will apply.

Tax Withholding Amount (Optional)

Specify the percentage of federal tax withholding that you would like withheld from your hardship distribution (must complete Form W-4R if selecting a percentage other than 10%). **Please note that if you do not indicate a specific percentage below, then the Plan will apply the 10% default federal tax withholding amount to your hardship distribution, if applicable.**

- Federal tax withholding % to be withheld** (indicate a percentage from 0%-100%): _____%

Taxation and Withdrawal Information

Pre-Tax Account:

Assets are generally taxable in the year in which they are withdrawn. The taxable amount of your distribution will be reported on a Form 1099-R and will need to be included in your income when you file your taxes. The 1099-R will be sent to you in January following the year of the withdrawal.

The amount of the hardship withdrawal approved by the Board is subject to a 10% mandatory withholding for federal income taxes. You will be responsible for any additional federal taxes and applicable state and local taxes. Please consult with your tax advisor regarding the tax consequences of taking a hardship withdrawal.

Roth Account:

A Qualified Distribution for a hardship from your Roth Account is not subject to federal, state or local income tax.

A Qualified Distribution is a distribution that is both: (1) Made after the five-taxable-year period of participation defined as beginning with the first day of the first taxable year in which the employee makes a designated Roth contribution to a designated Roth account established for the employee under the same plan and ends when five (5) consecutive taxable years have been completed; and (2) Made on or after the date the employee attains age 59½, made to a beneficiary or the estate of the employee on or after the employee's death, or attributable to the employee's being disabled.

A non-Qualified Distribution for a hardship withdrawal from your Roth Account will consist of a pro-rata share of earnings and basis. The earnings portion will be included in gross income and will be reported on a Form 1099-R. The 1099-R will be sent to you in January following the year of the withdrawal.

The taxable portion of the hardship withdrawal from your Roth account will be subject to a 10% mandatory withholding for federal income taxes, in addition to any applicable additional federal taxes and state and local taxes. Please consult with your tax advisor regarding the tax consequences of taking a hardship withdrawal.

* A Total account value withdrawal (maximum amount allowable withdrawal) does not close your Deferred Compensation Plan Account. Regular contributions will continue to be taken out of your paycheck unless you suspend them. In addition, if you have loan(s) outstanding and are granted this withdrawal, a small portion of your account (not to exceed \$200) will be retained in your account as collateral for your outstanding Deferred Compensation Plan loan(s).

Optional Tax Withholding section

The Plan applies the 10% default federal tax withholding amount to all pre-tax hardship distributions, and 0% to Qualified Roth hardship distributions. However, you have the option to opt out of tax withholding for the hardship distribution, or request more or less than the 10% federal tax withholding by completing Form W-4R. You have the option to choose from 0%-100% tax withholding on your hardship distribution. Please consult with your tax advisor regarding the tax consequences of your selected tax withholding amount.

* A Total account value withdrawal (maximum amount allowable withdrawal) does not close your Deferred Compensation Plan Account. Regular contributions will continue to be taken out of your paycheck unless you suspend them. In addition, if you have loan(s) outstanding and are granted this withdrawal, a small portion of your account (not to exceed \$200) will be retained in your account as collateral for your outstanding Deferred Compensation Plan loan(s).

** Please note that you must also complete IRS Form W-4R indicating the percentage that you would like withheld from your hardship distribution. If you do not complete and submit this form to the Plan, then the Plan will apply the 10% default federal tax withholding amount to your hardship distribution.

Section III – REASON FOR EMERGENCY WITHDRAWAL

You must provide a detailed description of the unforeseeable event, including specific details of the event, such as the date of occurrence, duration, and time frame of missed work, if applicable. Attach additional pages if needed. Your request must be accompanied by the appropriate supporting documentation based on your specific hardship, as indicated below.

REASON	REQUIRED DOCUMENTATION
For all hardship requests	<input type="checkbox"/> Copy of most recent year's Form W-2, a copy of your most recent paystub, and a copy of your unexpired government issued ID
Eviction	<input type="checkbox"/> Notarized letter from the leasing agency/landlord detailing arrears owed and intent to evict, or Notice of nonpayment (e.g. 3, 5, or 10 day notice, or notice of petition) or Court documentation (e.g. stipulation of settlement) noting the dollar amount needed to prevent eviction from primary residence
Foreclosure	<input type="checkbox"/> Current reinstatement letter from the lender's attorney or mortgage company (on letterhead) indicating the amount needed to reinstate loan (letter must state foreclosure)
Relocation Expenses	<input type="checkbox"/> Documentation supporting your extraordinary circumstances, as indicated in the description above, necessitating the relocation (e.g. fire report, court order, etc.), and <input type="checkbox"/> Letter from realtor on letterhead or notarized letter from potential landlord, detailing one month's rent, security, and realtor's fee (if applicable), <input type="checkbox"/> If applicable, estimate from moving company on letterhead detailing moving expenses
Funeral Expenses	<input type="checkbox"/> Copy of Death Certificate, and Detailed invoice from a funeral home and/or cemetery that itemizes the cost of funeral expenses for which you are responsible
Home Heating System	<input type="checkbox"/> A letter from your insurance company indicating the amount covered by insurance and deductible amount owed, or reasons for no coverage, and <input type="checkbox"/> Documentation (on letterhead) from company performing work detailing amount to replace/repair
Utility Shutoff Notice	<input type="checkbox"/> Current copy of Utility Shut-Off Notice (gas, electric, and water) with your primary address detailing amount owed. <input type="checkbox"/> Documentation detailing the extraordinary and unforeseeable circumstances that resulted in the shut-off notice
Legal Fees (Criminal Charges Only)	<input type="checkbox"/> Invoice from attorney on letterhead indicating amount owed and that the case is criminal, not civil, in nature. Note: If legal expenses do not relate to you, the invoice must indicate the individual's name and relationship to your immediate family or beneficiary, and you must submit a copy of the first page of your most recent Form 1040.
Involuntary Lost Wages for spouse or participant Note: Loss of overtime pay does not qualify	<input type="checkbox"/> Explanation of lost wages in the description above, and <input type="checkbox"/> Letter from your or your spouse's employer indicating the dates of employment and unpaid dates of work due to involuntary reasons. Letter must include information on any sick/annual leave, or workers compensation. <input type="checkbox"/> If applicable, spouse's Form W-2 for most recent and previous year <input type="checkbox"/> If applicable, documentation from the Worker's Compensation board or disability board regarding your or spouse's Worker's Compensation or disability benefits. The documentation must state the date the benefits began/will begin, the amount of the benefits, and the date benefits will/may end. <input type="checkbox"/> If lost wages is due to a work-related injury and you/spouse are not receiving benefit payments, provide a letter (on letterhead) from Worker's Compensation or lawyer stating no benefit payments have been received from date of injury to present.
Medical/Dental Out-of-pocket expenses	<input type="checkbox"/> Explanation of Benefits forms from the insurance company indicating insurance coverage (or reasons for no coverage), patient responsibility, and dates of service for all charges (medical/hospital bills are N/A), <input type="checkbox"/> For future services: a pre-treatment estimate indicating insurance coverage and patient responsibility for all procedures that are to be performed and anticipated date of service—along with a statement from the provider showing that payment must be made before the treatment will be rendered, and <input type="checkbox"/> A letter from a medical doctor/dentist stating the procedure is medically necessary (dental only) <input type="checkbox"/> If for dependent, submit a copy of the first page of your most recent Form 1040 Note: Please ensure that any information disclosing your medical condition is removed or blocked out
Property Damage Due to Accident or Natural Disaster (Beyond Insurance Reimbursement)	<input type="checkbox"/> Current, detailed repair estimate from a contractor for damages to your primary residence property, and <input type="checkbox"/> A letter from your insurance company indicating the amount covered by insurance and deductible amount owed, or reasons for no coverage
Other	<input type="checkbox"/> If your request does not fall inside one of the above categories, documentation must include the dollar amount necessary to satisfy your request.

Note: Please submit copies (not originals) of your supporting documents. You may, however, be asked to provide original documents.

Section IV: FINANCIAL SUMMARY

Monthly Household Income	
Your Gross Pay	\$
Other income such as: Rental Property, Pensions, Social Security Benefits/Disability, Profit from Business (Schedule C or K-1), Alimony/Child Support, Welfare/Food Stamp Assistance, etc.	\$
Total Monthly Income	\$

Monthly Household Expenses	
Rent/Mortgage	\$
Utilities (electric, gas, and water)	\$
Other expenses such as: Child Care, Groceries, Homeowners/Tenant Insurance, Auto Insurance, Transportation (MTA, gas, bus fare, etc.), Life/Disability/Extended health insurance, etc	\$
Total Monthly Expenses	\$

Assets	
Checking Accounts	\$
Savings Accounts	\$
Outside investments/IRAs including stocks/bonds/mutual Funds	\$
Other assets	\$
Total Assets	\$

Liabilities		
Type	Balance	Monthly Payment
Loan(s)	\$	\$
Credit Cards(s)	\$	\$
Other Liabilities	\$	\$
Total Liabilities	\$	\$

Itemize how the funds you are requesting from your 457 account would be used to be meet your hardship request	
Remember that this emergency withdrawal is limited to the amount reasonably necessary to satisfy your request. The item(s) below usually represent the bills/documents you are enclosing with your application as indicated on page 2.	
Reason (e.g. funeral expenses, rent arrears from court stipulation in the amount of...)	Amount
	\$
	\$
	\$
	\$
	\$
Total	\$

Note: Failure to complete this section may delay your hardship request.

Section V: SIGNATURE & AUTHORIZATION TO RELEASE INFORMATION

Participant Certification

By signing this application, I acknowledge I have read and understand the information in the Unforeseeable Emergency Withdrawal Application. I understand that the Deferred Compensation Board has the last and final decision regarding all hardship requests and that any misrepresentation of facts or material omission is sufficient cause for rejection of my application.

By signing this application, I further affirm and verify that:

1. Under penalty of perjury, all information provided in this application is complete, true, and accurate to the best of my knowledge.
2. If any information or documentation submitted is false or suspected of being fraudulent, I understand that my application will be denied and may be referred to the appropriate law enforcement authorities, including the City of New York Department of Investigations.
3. The funds in my 457 Deferred Compensation account represent a last resort and I am unable to obtain the funds needed to pay for the unforeseeable emergency situation through any of the following sources:
 - Liquidating assets including cash (checking/savings/credit union accounts), personal property, investments, etc. (to the extent doing so would not cause severe financial hardship)
 - Taking a bank or conventional loan(s), or loan(s) from a pension system or other retirement plan
 - Reimbursement or compensation by insurance, etc.
4. I understand that ten percent (10%) of the amount approved by the Board will be withheld for federal taxes and that I will be responsible for any additional federal taxes and applicable state and local taxes.

Authorization to Release Information

By signing this application, I authorize the Plan Administrator of the New York City Deferred Compensation Plan to speak to any agent in connection with this hardship application regarding my personal information. Furthermore, this page authorizes any agent to release any and all records, information and documents concerning me personally to the Plan Administrator of the New York City Deferred Compensation Plan including, but not limited to, all doctor’s billing records, medical billing records, hospital billing records, employment records, tax records, compensation records including my present and past salary history, and any other documents needed by the New York City Deferred Compensation Plan. This authorization permits the agent to forward this information directly to the Plan Administrator of the New York City Deferred Compensation Plan.

Participant:

Print Name _____

Signature _____ Date* / /

* The date you sign the application 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 NEW YORK)

SS.:

COUNTY OF)

On this date: _____ before me 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.

Signature and Office of Individual Taking Acknowledgment

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT FORM INSTRUCTIONS

Do **NOT** complete the EFT form if you want to receive payment by check.

Make sure to:

1. Complete each section of the attached Direct Deposit form.
2. Confirm your checking or savings account by providing one of the following:
 - Checking Account** - Submit a preprinted voided check, **OR**
 - Savings Account** – Submit a letter on financial institution letterhead signed by a representative of the financial institution that includes your name, your savings account number and ABA/Routing number.
3. Check that the Direct Deposit form is signed, dated, and notarized on the same date.

Note: If the Direct Deposit form is not completed as indicated above, your Direct Deposit form will **NOT BE PROCESSED AND YOU WILL RECEIVE PAYMENT BY CHECK VIA REGULAR MAIL.**



DEFERRED COMPENSATION PLAN/NYCE IRA DIRECT DEPOSIT FORM

PLEASE READ THE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION

THE TEXT OF THIS FORM CANNOT BE ALTERED



PARTICIPATION INFORMATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AREA CODE	HOME TELEPHONE NUMBER	AREA CODE	DAY TIME PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME			FIRST NAME		
<input type="text"/>			<input type="text"/>		
ADDRESS - STREET AND NUMBER					APT
<input type="text"/>					<input type="text"/>
CITY				STATE	ZIP CODE
<input type="text"/>				<input type="text"/>	<input type="text"/>
EMAIL ADDRESS					
<input type="text"/>					

Plan Type/Description:

Check all that apply

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> 01: 457 Contribution Account | <input type="checkbox"/> 03: 401(k) Contribution Account | <input type="checkbox"/> 05: 401(k) Special Rollover Account | <input type="checkbox"/> 07: Traditional NYCE IRA | <input type="checkbox"/> 09: Inherited Traditional NYCE IRA |
| <input type="checkbox"/> 02: 457 Payout Account | <input type="checkbox"/> 04: 401(k) Payout Account | <input type="checkbox"/> 06: 401(a) Savings Incentive Plan | <input type="checkbox"/> 08: Roth NYCE IRA | <input type="checkbox"/> 10: Inherited Roth NYCE IRA |

FINANCIAL INSTITUTION INFORMATION

- Checking Account** - must attach a preprinted, voided check
- Savings Account** - must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes payee's name, savings account number and ABA/Routing number

BANK OR FINANCIAL INSTITUTION NAME	
<input type="text"/>	
ACCOUNT NUMBER	ROUTING /ABA NUMBER
<input type="text"/>	<input type="text"/>

Note: You must be a named person on the account. You may not designate a business account or an IRA. For direct rollovers to an IRA, contact the Plan for the appropriate form.

PARTICIPANT CONSENT - AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Voya, the Plan's Service Provider, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated above, and the financial institution, in the form of Direct Deposit (electronic fund transfer), to credit and/or debit the same to such account. I understand that Voya will make payments in accordance with the directions I have specified on this form until I cancel this agreement in writing. Notice of cancellation must be made by me at least 30 days prior to a payment date for the cancellation to be effective with respect to my subsequent payments. I understand that Voya reserves the right to terminate the Authorization Agreement for Direct Deposit for any reason and will notify me in the event of such termination by sending notice to my last known address on file with Voya. I acknowledge that it is my obligation to notify Voya of any address or other changes affecting my electronic fund transfers during my lifetime. I am solely responsible for any liability that may arise out of my failure to provide such notification affecting my electronic fund transfers. I agree that Voya is not liable for payments made by Voya in accordance with this properly completed Direct Deposit form. I hereby authorize and direct my financial institution not to hold any over payments made by Voya on my behalf or on behalf of my estate or any current or future joint account holder, if applicable.

I understand that if this form is not properly completed, Voya will make payments by check directly to me at my last known mailing address on file with Voya.

Participant Signature: _____ SIGN IN PRESENCE OF NOTARY _____ Date*: ____/____/____

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

STATEMENT OF NOTARY

State of: _____)
) SS.:
 County of: _____)

On _____ DATE * before me, the undersigned, personally appeared _____ PARTICIPANT NAME
 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.

(Signature and office of individual taking acknowledgment)

See Submission Instructions on the next page.



IMPORTANT

Direct Deposit is a form of electronic funds transfer where the Plan's Service Provider, Voya, can transfer your distribution directly to your Financial Institution.

Please allow up to 30 days for your first Direct Deposit of your payouts. If the Direct Deposit is rejected by your Financial Institution, because they cannot accept the information we received from you, you will be notified, and your checks will be mailed directly to you.

If at any time in the future your Financial Institution will not accept your Direct Deposit for any reason (i.e. your account has been closed, account number or routing number have changed, etc.), your payouts will be sent directly to you via check and you will need to submit a new Authorization Agreement for Direct Deposit to begin again. Therefore, it is important that you update your address with the Deferred Compensation Plan/NYCE IRA so your checks can be mailed to the appropriate address.

Form Submission Instructions: Forms/documents can be sent via email to NEWYRK@VOYAPLANS.com.
Please only include the last 4 digits of your Social Security number, along with your name and address on all forms.
Forms can also be faxed to 844-299-2362.
