



**Deferred Compensation Plan/NYCE IRA  
Birth or Adoption of a Child  
In-Service Distribution Form**

DO NOT MAIL THIS FORM  
See below for instructions  
on how to submit this form.



Please Print - Black Ink Preferred

Effective January 1, 2020, participants may take an in-service distribution, of up to \$5,000 per child for expenses related to qualified birth or adoption. Participants are eligible for the distribution within one year of the birth of the participant's child or the participant's adoption of a child who is either under age 18 or who is physically or mentally incapable of self-support. This distribution will not be subject to an early withdrawal penalty and will not be subject to mandatory income tax withholding. Qualified birth or adoption distributions can be made for births or adoptions on or after January 1, 2020. An in-service distribution due to a qualified birth or adoption made from either the 457 Plan or the 401(k) Plan may be repaid to the applicable Plan as a rollover contribution.

Please complete a separate form for each child if submitting for multiple births.

**I. BIRTH/ADOPTION INFORMATION (Copy of Birth Certificate or Adoption Documentation must be attached.)**

THIS EVENT IS A (CHECK ONLY ONE)  Birth **or**  Adoption

DATE OF EVENT: MM / DD / YY

NAME OF CHILD

**II. PARTICIPANT INFORMATION**

PARTICIPANT ID OR LAST FOUR OF SSN: \_\_\_\_\_

DATE OF BIRTH: MM / DD / YY

AREA CODE: \_\_\_\_\_ DAYTIME PHONE NUMBER: \_\_\_\_\_ AREA CODE: \_\_\_\_\_ MOBILE PHONE NUMBER: \_\_\_\_\_

LASTNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

HOME MAILING ADDRESS - NUMBER AND STREET: \_\_\_\_\_ CHECK HERE IF THIS IS A NEW ADDRESS  APT. \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE + FOUR: \_\_\_\_\_ + \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

AGENCY NAME (NOT DIVISION): \_\_\_\_\_

**III. DISTRIBUTION REQUEST FROM MY (choose only one from choices 1 and 2 below.)**

- 1)  457 Plan:  Pre-tax **or**  Roth
- 2)  401(k) Plan:  Pre-tax **or**  Roth

**IV. AMOUNT OF DISTRIBUTION REQUEST**

Indicate the amount of the distribution request (up to \$5,000) \$ \_\_\_\_\_

**V. AUTHORIZATION AND SIGNATURE**

I acknowledge the distribution requested satisfies the requirements under Internal Revenue Code Section 72(t)(2)(H) and understand that to the extent this distribution does not qualify under section 72(t)(2)(H), then I shall be liable for any applicable tax penalties. I further understand that federal law mandates that the total withdrawals from all qualified retirement plans for a qualified birth or adoption cannot exceed \$5,000 per child. I acknowledge that the Plan does not provide tax or legal advice and if I have questions I should consult a tax or legal advisor before making a request for a qualified birth or adoption distribution. I understand any false or misleading information submitted on this form or any attached documents may subject me to personal liability.

I certify that I am not a party to a divorce proceeding and I am not subject to an injunction/order which prevents me from distributing or transferring of assets, including funds in my 401(k), 457(b), NYCE Traditional IRA or NYCE Roth IRA accounts. I further understand the distribution may take up to 30 days to process and that the Plan is not responsible for market fluctuations that may decrease my expected distribution due to declining financial markets occurring during the processing period.

Signature \_\_\_\_\_ Date\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**VI. STATEMENT OF NOTARY - To Be Completed by Notary (Notary seal must be visible /legible)**

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 \_\_\_\_\_

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

DO NOT MAIL THIS FORM. Please submit your completed form via email to NEWYRK@VOYAPLANS.com. Forms can also be faxed to 844-299-2362.