



Deferred Compensation Plan/NYCE IRA Authorization for Release of Account Information

- PLEASE PRINT BLACK INK PREFERRED -
PLEASE SEE SUBMISSION INSTRUCTIONS ON PAGE 2

**Section 1: Personal Information:**

PARTICIPANT ID OR LAST FOUR OF SSNO DATE OF BIRTH (MM/DD/YY) / / AREA CODE MOBILE TELEPHONE AREA CODE WORK TELEPHONE

LAST NAME FIRST NAME MI

HOME MAILING ADDRESS - NUMBER AND STREET APT. NO.

CITY STATE ZIP CODE + FOUR +

AGENCY NAME (NOT DIVISION)

Section 2: 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 |

Section 3: Specific Information to be Released or Disclosed:

- Current Account Balance Account Balance as of: / /
- Distribution/Loan History - From: / / to: / /
- Other (please describe): _____

Section 4: Purpose of Request/Disclosure:

- Legal Domestic Relations Order Mortgage/Rent
- Other (please Specify): _____

Section 5: Where would you like your requested information sent? (Please select one)

- Please mail a copy of my information to my address on record with the Plan. I would like to have my information emailed to my email on file with the Plan.
- Please mail my information to the address below.

LAST NAME FIRST NAME MI

ADDRESS - NUMBER AND STREET APT. NO.

CITY STATE ZIP CODE + FOUR +

Section 6: Type of Identification Presented (A copy of a government issued ID is required for this request)

- Driver's License Passport Other State Identification: _____

Section 7: Signature of Participant (this form must be notarized on page 2):

By signing this Authorization, I hereby request and authorize that New York City Deferred Compensation Plan, and its agents and employees, or other vendors, release the requested information. I understand the following:

- This Authorization is voluntary.
- I may revoke or withdraw this Authorization, except to the extent that action has been taken prior to the receipt of the revocation or withdrawal, by mailing or faxing my written request along with a copy of the original Authorization to the Plan where my Authorization was made or given.
- Once Account Information is disclosed as requested, it may no longer be protected by federal or state privacy laws, and could be re-disclosed by the person(s) receiving it.
- My Social Security Number, home address, and other personal information may appear on the records that are being sent.
- This release is being made at my request.

Participant Signature: _____ SIGN IN THE PRESENCE OF A NOTARY _____ Date: / /

Important: This form must be notarized before it will be processed by the Plan's Administrative Office. If this form is being notarized outside of the United States, notarization must be performed by the U.S. Consulate.

Statement of Notary

State of New York)

) SS.:

County of:)

On this date: _____ DATE *before me 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.

Submission Instructions

Mail completed form to:
DEFERRED COMPENSATION PLAN
Bowling Green Station, P.O. Box 93
New York, New York 10274-0093

- or -

Submit your completed form 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**