



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:

Form fields for personal information including Participant ID, Date of Birth, Area Code, Mobile Telephone, Home Mailing Address, City, State, ZIP Code, Agency Name, etc.

Section 2: Plan Type/Description (Check all that apply):

- 01: 457 Contribution Account, 02: 457 Payout Account, 03: 401(k) Contribution Account, 04: 401(k) Payout Account, 05: 401(k) Special Rollover Account, 06: 401(a) Savings Incentive Plan, 07: Traditional NYCE IRA, 08: Roth NYCE IRA, 09: Inherited Traditional NYCE IRA, 10: Inherited Roth NYCE IRA

Section 3: Specific Information to be Released or Disclosed:

- Current Account Balance, Distribution/Loan History - From: MM/DD/YYYY to: MM/DD/YYYY, 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.

Form fields for mailing address including Last Name, First Name, Address - Number and Street, City, State, ZIP Code, APT. NO.

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: MM/DD/YYYY

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**