



DEFERRED COMPENSATION PLAN
IN-SERVICE DISTRIBUTION FORM
PURCHASE OF PERMISSIVE SERVICE CREDITS

(212) 306-7760 TTY (212) 306-7707 (888) DCP-3113 (Outside NYC)
nyc.gov/deferredcomp



Please Print - Black Ink Preferred

I. PARTICIPANT INFORMATION

Participant ID or Last 4 Digits of SSN, Date of Birth (MM/DD/YY), (Area Code) Home Phone No., (Area Code) Work Telephone No., Last Name, First Name, MI., Home Mailing Address - Number and Street, Apt. No., City, State, Zip code + Four, Agency Name (Not Division):

II. RETIREMENT SYSTEM INFORMATION

NYCERS, NYPD, FDNY, BERS, TRS, Other:

Your Retirement System Membership/Registration Number:

If you specified Other above, please complete the following:

Retirement System Address - Number and Street, City, State, Zip code + Four

III. PAYMENT

Select only one: Pre-Tax 457 - or - Pre-Tax 401(k) Complete a separate form if you wish funds to come from more than one plan.

I wish to transfer the following dollar amount from my Deferred Compensation Plan to my retirement system for the purpose of purchasing retirement service credit: \$

IV. AUTHORIZATION AND SIGNATURE

I authorize the City of New York Deferred Compensation Plan to transfer the funds from my Deferred Compensation Plan Account noted above to the indicated retirement system for the purchase of prior service credit. I understand that payment will be made directly to my retirement system and not to me and that the money will be taken proportionately from my investments. I further understand that I have directed the City of New York and its recordkeeper to act on my request to withdraw money from my Deferred Compensation Plan account and neither the City of New York nor its recordkeeper will be liable for any loss due to market fluctuations while implementing such request.

Signature, Date

Please note: This form and the retirement system buyback statement must be received by the Plan's Administrative Office at least 15 days prior to the payment due date to provide sufficient processing time.

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