



# Deferred Compensation Plan/NYCE IRA In-Service Domestic Abuse Distribution Form

See Submission  
Instructions Below

(212) 306-7760  
1-888-DCP-3113 (outside NYC)  
Web site: [nyc.gov/deferredcomp](http://nyc.gov/deferredcomp)



Please Print - Black Ink Preferred

Certain participants, whether active or severed from City service, may withdraw funds from their 457 or 401(k) plan, or NYCE IRA account, penalty free, up to the lesser of \$10,000 or 50% of their account balance. To be eligible to make such a withdrawal, the participant must certify that they have experienced or been a victim of domestic abuse. The distribution must be taken within 12 months of the domestic abuse incident.

The 401(k) and IRA 10% early distribution penalty tax will not apply to a distribution that qualifies as a domestic abuse-related distribution. However, pursuant to Federal Regulations participants will be responsible for claiming entitlement to the 10% penalty exception by filing a Form 5329 with their Federal income tax return.

The participant may, within three years from the date that the payment is issued, repay up to the full amount into the account from which the participant received the distribution.

Please complete this form if you meet the requirements and wish to take a domestic abuse-related withdrawal from your Deferred Compensation Plan 457 or 401(k) or NYCE IRA account. A participant is limited to one domestic abuse-related distribution per 12-month period.

## I. PARTICIPANT INFORMATION

PARTICIPANT ID OR LAST FOUR OF SSN	DATE OF BIRTH	AREA CODE	DAYTIME PHONE NUMBER	AREA CODE	MOBILE PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MI.			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
HOME MAILING ADDRESS - NUMBER AND STREET	<input type="checkbox"/> CHECK HERE IF THIS IS A NEW ADDRESS				APT.
<input type="text"/>	<input type="text"/>				<input type="text"/>
CITY	STATE	ZIP CODE + FOUR			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
E-MAIL ADDRESS	<input type="text"/>				
<input type="text"/>	<input type="text"/>				
AGENCY NAME (NOT DIVISION)	<input type="text"/>				
<input type="text"/>	<input type="text"/>				

## II. DISTRIBUTION REQUEST FROM MY (choose only one from the choices below.)

- 1) ☐ 457 Plan: ☐ Pre-tax **or** ☐ Roth
- 2) ☐ 401(k) Plan: ☐ Pre-tax **or** ☐ Roth
- 3) ☐ NYCE IRA: ☐ Traditional **or** ☐ Roth

## III. AMOUNT OF DISTRIBUTION REQUEST

Indicate the amount of the distribution request (the lesser of up to \$10,000 or 50% of your account balance) \$

## IV. PAYMENT METHOD - A check will be issued if no selection is made.

- ☐ **Check** - Allow 7-10 business days from process date for delivery.
- ☐ **Direct Deposit**: You must include a preprinted voided check if your distribution is being sent to your checking account. If the distribution is being sent to your savings account, 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. Direct Deposit is available at no charge. You can only have one account for Direct Deposit on file with the Plan at a time.

Note: You must be a named person on the account. You may not designate a business account, brokerage account, or an IRA.

- ☐ Checking Account (Attach preprinted VOIDED check. We cannot accept a deposit slip or starter check.)
- ☐ Savings Account (Attach letter from financial institution with account details.)

Please note that if you do not provide Direct Deposit information or your Direct Deposit rejects, a check will be mailed automatically to the address you have on file with the Plan.

UNITED STATES FINANCIAL INSTITUTION	ACCOUNT NUMBER	ABA NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

## V. Tax Withholding Amount (Optional)

Please note that if you do not indicate a specific percentage, the Plan will apply the 10% default federal tax withholding amount to all pre-tax distributions, and 0% to Qualified Roth distributions. However, you have the option to opt out of tax withholding, or request more or less than the 10% federal tax withholding by completing Form W-4R or the section below. You can choose from 0-100% tax withholding. See next page for Additional Tax Withholding Information.

Specify the percentage of federal tax withholding that you would like withheld from your distribution.

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

PARTICIPANT ID OR  
LAST FOUR OF SSN

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LAST  
NAME

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FIRST  
NAME

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## VI. SIGNATURE/CERTIFICATION

The Plan permits qualifying participants to receive a "domestic abuse-related in-service distribution." I understand that I may receive a distribution of up to the lesser of \$10,000 or 50% of my account balance, if I am a qualified individual. By making this request, I acknowledge that the amount of the domestic abuse-related distribution which I may obtain from the New York City Deferred Compensation Plan ("Plan") and any other defined contribution plan of the City of New York is limited to the amount of the lesser of \$10,000 or 50% of my account balance, and that I am not exceeding this limit. I certify that I have experienced or been a victim of domestic abuse within the last twelve (12) months. I affirm under the penalty of perjury that the statements and acknowledgments made in this request are true and accurate.

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) and 457 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\* \_\_\_\_/\_\_\_\_/\_\_\_\_

## VII. 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.

### Explanation

#### Distribution Due to Domestic Violence

Plan participants may take an in-service distribution, up to the lesser of \$10,000 or 50% of their account balance. To be eligible, a participant must certify that they have experienced or been a victim domestic abuse. The distribution must be taken within 12 months of the domestic abuse incident.

Such distributions will not be subject to an early withdrawal penalty. However, pursuant to Federal Regulations participants will be responsible for claiming entitlement to the 10% penalty exception by filing a Form 5329 with their Federal income tax return. The distribution payment will not be subject to mandatory income tax withholding and will not be eligible to roll over.

An in-service distribution due to domestic violence made from either the 457 Plan or the 401(k) Plan may be repaid to the applicable Plan, in an amount not to exceed the amount of such distribution. The repayment shall be treated as a trustee-to-trustee incoming rollover and payment can only be made in the form of a check made payable to the applicable Plan. Contact the Plan for the necessary form.

#### Additional Tax Withholding Information

Pre-Tax Account: Please note: 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. 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 distribution.

Roth Account: A Qualified Distribution 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 from your Roth Account will be distributed proportionally among contributions and earnings. The earnings portion will be included in gross income and will be reported on Form 1099-R. The 1099-R will be sent to you in January following the year of the withdrawal.

The taxable portion of the withdrawal from your Roth account will be subject to a 10% default 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 withdrawal.

### 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**