



# DEFERRED COMPENSATION PLAN/NYCE IRA

## AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER (EFT)

PLEASE READ THE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION

THE TEXT OF THIS FORM CANNOT BE ALTERED



### PARTICIPATION INFORMATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AREA CODE	HOME TELEPHONE NUMBER	AREA CODE	DAY TIME 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"/>
ADDRESS - STREET AND NUMBER	APT				
<input type="text"/>	<input type="text"/>				
CITY	STATE			ZIP CODE	
<input type="text"/>	<input type="text"/>			<input type="text"/>	
Email Address	<input type="text"/>				

### Plan Type/Description: Check all that apply

- |  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> <b>01:</b> 457 Contribution Account | <input type="checkbox"/> <b>03:</b> 401(k) Contribution Account | <input type="checkbox"/> <b>05:</b> 401(k) Special Rollover Account | <input type="checkbox"/> <b>07:</b> Traditional NYCE IRA | <input type="checkbox"/> <b>09:</b> Inherited Traditional NYCE IRA |
| <input type="checkbox"/> <b>02:</b> 457 Payout Account       | <input type="checkbox"/> <b>04:</b> 401(k) Payout Account       | <input type="checkbox"/> <b>06:</b> 401(a) Savings Incentive Plan   | <input type="checkbox"/> <b>08:</b> Roth NYCE IRA        | <input type="checkbox"/> <b>10:</b> Inherited Roth NYCE IRA        |

### FINANCIAL INSTITUTION INFORMATION

- Checking Account** - must attach a preprinted, voided check
- Savings Account** - must 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

BANK OR FINANCIAL INSTITUTION NAME	
<input type="text"/>	
ACCOUNT NUMBER	ROUTING /ABA NUMBER
<input type="text"/>	<input type="text"/>

**Note:** You must be a named person on the account. You may not designate a business account or an IRA. For direct rollovers to an IRA, contact the Plan for the appropriate form.

### PARTICIPANT CONSENT

I hereby authorize Voya, the Plan's Service Provider, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated above, and the financial institution, in the form of an electronic fund transfer, to credit and/or debit the same to such account. I understand that Voya will make payments in accordance with the directions I have specified on this form until I cancel this agreement in writing. Notice of cancellation must be made by me at least 30 days prior to a payment date for the cancellation to be effective with respect to my subsequent payments. I understand that Voya reserves the right to terminate the Authorization Agreement for Electronic Fund Transfer for any reason and will notify me in the event of such termination by sending notice to my last known address on file with Voya. I acknowledge that it is my obligation to notify Voya of any address or other changes affecting my electronic fund transfers during my lifetime. I am solely responsible for any liability that may arise out of my failure to provide such notification affecting my electronic fund transfers. I agree that Voya is not liable for payments made by Voya in accordance with this properly completed Electronic Fund Transfers form. I hereby authorize and direct my financial institution not to hold any over payments made by Voya on my behalf or on behalf of my estate or any current or future joint account holder, if applicable.

I understand that if this form is not properly completed, Voya will make payments by check directly to me at my last known mailing address on file with Voya.

Participant Signature: \_\_\_\_\_ Date\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### IMPORTANT - SEE NOTARY SECTION ON PAGE 2

**Please return form to:** Forms/documents can be sent 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.



Participant ID or Last 4 Digits of SSN: 

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**STATEMENT OF NOTARY**

State of: \_\_\_\_\_ )

) SS.:

County of: \_\_\_\_\_ )

On \_\_\_\_\_ \* before me, the undersigned, personally appeared \_\_\_\_\_ 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.***

EFT is a form of electronic funds transfer where the Plan's Service Provider, Voya, can transfer your distribution directly to your Financial Institution. Please allow up to 30 days for your first EFT transfer of your payouts. If the EFT is rejected by your Financial Institution, because they cannot accept the information we received from you, you will be notified, and your checks will be mailed directly to you. If at any time in the future your Financial Institution will not accept your EFT transfer for any reason (i.e. your account has been closed, account number or routing number have changed, etc.), your payouts will be sent directly to you via check and you will need to submit a new Authorization Agreement for Electronic Fund Transfer to begin EFT transfers again. Therefore, it is important that you update your address with the Deferred Compensation Plan/NYCE IRA so your checks can be mailed to the appropriate address.