

## DEFERRED COMPENSATION PLAN/NYCE IRA DIRECT DEPOSIT FORM



PLEASE READ THE REVERSE SIDE OF THIS FORM FOR ADDITIONAL INFORMATION

THE TEXT OF THIS FORM CANNOT BE ALTERED

PARTICIPATION INFORMATION         SOCAL SECURITY NUMBER       DATE OF BIRTH       AREA CODE       HOME TELEPHONE NUMBER       DATE OF DATE OF BIRTH         LAST NAME       Image: Control of the security of
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CITY STATE 2IP CODE   CITY STATE 2IP CODE   CITY STATE 2IP CODE   EMAIL ADDRESS   EMAIL ADDRESS      Plan Type/Description:   Check all that apply   01: 457 Contribution   Account   02: 457 Payout   04: 401(k) Payout   Account   Plan Contribution   Account   O1: 401(k) Payout   O1: 401(k) Payout   Account   BARK OR FINANCIAL INSTITUTION NAME   ROUTING / ABA NUMBER   ROUTING / ABA NUMBER   ROUTING / ABA NUMBER
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EMAIL ADDRESS     Plan Type/Description:     Check all that apply     O1: 457 Contribution   Account   O2: 457 Payout   O4: 401(k) Payout   O6: 401(a) Savings Incentive   Plan Type/Description:     Check all that apply     Plan Type/Description:     Check all that apply     O: 457 Payout   O4: 401(k) Payout   O5: 401(a) Savings Incentive   Plan Type/Description:     Check all that apply     O: 457 Payout   O4: 401(k) Payout   Account     Plan Type/Description:     Check all that apply     O: 457 Payout   Account     O4: 401(k) Payout   Account     Plan Type/Description:     Check all that apply     O: 457 Payout   Account   Account   Account   Account   Plan Type/Description:     Check all that apply     O: 457 Payout   Account   Account   Plan Stription:   Check all that apply   O2: 457 Payout   Account   Plan Stription:   Account   Plan Stription:   Checking Account   • must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes payee's name, savings account num
EMAIL ADDRESS     Plan Type/Description:     Check all that apply     O1: 457 Contribution   Account   O2: 457 Payout   O4: 401(k) Payout   O6: 401(a) Savings Incentive   Plan Type/Description:     Check all that apply     Plan Type/Description:     Check all that apply     O: 457 Payout   O4: 401(k) Payout   O5: 401(a) Savings Incentive   Plan Type/Description:     Check all that apply     O: 457 Payout   O4: 401(k) Payout   Account     Plan Type/Description:     Check all that apply     O: 457 Payout   Account     O4: 401(k) Payout   Account     Plan Type/Description:     Check all that apply     O: 457 Payout   Account   Account   Account   Account   Plan Type/Description:     Check all that apply     O: 457 Payout   Account   Account   Plan Stription:   Check all that apply   O2: 457 Payout   Account   Plan Stription:   Account   Plan Stription:   Checking Account   • must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes payee's name, savings account num
Plan Type/Description:       Check all that apply         01: 457 Contribution Account       03: 401(k) Contribution Account       05: 401(k) Special Rollover OT: Traditional NYCE IRA         02: 457 Payout Account       04: 401(k) Payout Account       06: 401(a) Savings Incentive OT: Traditional NYCE IRA       01: Inherited Traditional NYCE IRA         FINANCIAL INSTITUTION INFORMATION       Checking Account       - must attach a preprinted, voided check       - 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
Plan Type/Description:       Check all that apply         01: 457 Contribution Account       03: 401(k) Contribution Account       05: 401(k) Special Rollover OT: Traditional NYCE IRA         02: 457 Payout Account       04: 401(k) Payout Account       06: 401(a) Savings Incentive OT: Traditional NYCE IRA       01: Inherited Traditional NYCE IRA         FINANCIAL INSTITUTION INFORMATION       Checking Account       - must attach a preprinted, voided check       - 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
01: 457 Contribution 03: 401(k) Contribution 05: 401(k) Special Rollover 07: Traditional 09: Inherited Traditional   02: 457 Payout 04: 401(k) Payout 06: 401(a) Savings Incentive 08: Roth 10: Inherited Roth   Account Account 06: 401(a) Savings Incentive 08: Roth 10: Inherited Roth   NYCE IRA NYCE IRA NYCE IRA NYCE IRA
01: 457 Contribution 03: 401(k) Contribution 05: 401(k) Special Rollover 07: Traditional 09: Inherited Traditional   02: 457 Payout 04: 401(k) Payout 06: 401(a) Savings Incentive 08: Roth 10: Inherited Roth   Account Account 06: 401(a) Savings Incentive 08: Roth 10: Inherited Roth   NYCE IRA NYCE IRA NYCE IRA NYCE IRA
01: 457 Contribution 03: 401(k) Contribution 05: 401(k) Special Rollover 07: Traditional 09: Inherited Traditional   02: 457 Payout 04: 401(k) Payout 06: 401(a) Savings Incentive 08: Roth 10: Inherited Roth   Account Account 06: 401(a) Savings Incentive 08: Roth 10: Inherited Roth   NYCE IRA NYCE IRA NYCE IRA NYCE IRA
Account       Account       Account       NYCE IRA       NYCE IRA            02: 457 Payout Account          04: 401(k) Payout Account          06: 401(a) Savings Incentive Plan          08: Roth NYCE IRA          10: Inherited Roth NYCE IRA            FINANCIAL INSTITUTION INFORMATION           - must attach a preprinted, voided check           - 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           ROUTING /ABA NUMBER           ROUTING /ABA NUMBER
Account       Account       Plan       NYCE IRA       NYCE IRA         FINANCIAL INSTITUTION INFORMATION       Image: Control of the state in the stat
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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 ACCOUNT NUMBER ROUTING /ABA NUMBER ROUTING /ABA NUMBER
ACCOUNT NUMBER
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 - AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
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 Direct Deposit (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 Direct Deposit 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 Direct Deposit 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:
*The date you sign the form must match the date on which the signature is notarized.
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)

## **IMPORTANT**

Direct Deposit 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 Direct Deposit of your payouts. If the Direct Deposit 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 Direct Deposit 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 Direct Deposit to begin 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.

Form Submission Instructions: 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.