



DEFERRED COMPENSATION PLAN FINAL PENSION PAYMENT/OUTSTANDING LOAN OR UNION ANNUITY FUND ROLLOVER FORM



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

Please Print - Black Ink Preferred

This form is to be used for rolling your final pension payment/outstanding loan or union annuity fund upon retirement into the City's 401(k) Plan. By completing this form, a 401(k) Plan Special Rollover Account will automatically be established for you. The account will be established within three business days from receipt of this form by the Plan's Administrative Office. Funds will be credited upon receipt from previous investment provider. Only federally tax-deferred pension funds (414(h) funds) and union annuity funds will be accepted into the 401(k) Plan Special Rollover Account. A Summary Guide of 457 & 401(k) Plan Provisions is enclosed. The Summary Guide of 457 & 401(k) Plan Provisions is also available through the Plan's Web site or by calling (212) 306-7760. Upon the processing of this form, you will receive a confirmation letter.

I. PERSONAL INFORMATION

Participant ID or Last Four Digits of SSN	Date of Birth (MM/DD/YY)	Area Code	Home Telephone No.	Area Code	Mobile Telephone No.
<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					Apt. No.
<input type="text"/>					<input type="text"/>
City				State	Zip Code
<input type="text"/>				<input type="text"/>	<input type="text"/>
Agency Name (Not Division)					
<input type="text"/>					

II. RETIREMENT SYSTEM OR UNION ANNUITY FUND INFORMATION

Name of Retirement System or Union:	
<input type="text"/>	
Retirement System or Union Address:	
<input type="text"/>	
Contact Name:	Telephone No.:
<input type="text"/>	() -
Your Retirement System or Union Annuity Member Number:	Amount of Rollover (or approximate amount):
<input type="text"/>	\$

III. DEPOSIT ALLOCATION

For a description of the investment funds, refer to the Summary Guide of 457 & 401(k) Plan Provisions. Note: This allocation will not affect any current or future investment allocations you have with the Plan. You can make changes to your account by either visiting the Plan's Web site at <http://nyc.gov/deferredcomp> or via the telephone by calling (212) 306-7760 and pressing 1 to access your account.

Investment of rollover/transfer contribution: Choose either <u>one</u> of the pre-arranged portfolios or a mix of core investment options.	
I. Pre-Arranged Portfolios: Choose only one:	
1. <input type="checkbox"/> 2060 Fund	4. <input type="checkbox"/> 2045 Fund
2. <input type="checkbox"/> 2055 Fund	5. <input type="checkbox"/> 2040 Fund
3. <input type="checkbox"/> 2050 Fund	6. <input type="checkbox"/> 2035 Fund
7. <input type="checkbox"/> 2030 Fund	10. <input type="checkbox"/> 2015 Fund
8. <input type="checkbox"/> 2025 Fund	11. <input type="checkbox"/> 2010 Fund
9. <input type="checkbox"/> 2020 Fund	12. <input type="checkbox"/> Static Allocation Fund
OR	
II. Core Investment Options Create your own portfolio:	
Enter the percentage (in whole numbers) to be deposited in each investment option. The total must add up to 100%.	
1. Stable Income Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
2. Bond Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
3. Equity Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
4. Global Socially Responsible Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
5. Mid-Cap Equity Index Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
6. International Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
7. Small-Cap Equity Fund	<input type="text"/> <input type="text"/> <input type="text"/> %
Investment allocation <u>must</u> total 100%	<input type="text"/> <input type="text"/> <input type="text"/> %



IV. BENEFICIARY ELECTION Please check this box if you are attaching additional beneficiaries on a separate piece of paper.

- The beneficiary(ies) you name below will replace any beneficiary named at the time of your enrollment, on a prior Change Form or online for the purpose of receiving death benefits.
- If you are divorced and are renaming your ex-spouse as your beneficiary, please check "Other" as the Relationship.
- You must also indicate the percentage you wish each beneficiary to receive upon your death. The total must equal 100%. If more than one beneficiary is named, payment will be made in equal shares to the beneficiaries, unless specified otherwise.
- Do not select "A Trust" unless you have already created the trust (or arranged for one to be created under your will). The Plan cannot establish a trust for you.

1ST	This Beneficiary is (Check one)			Beneficiary's Social Security Number				Date of Birth				
	<input type="checkbox"/> A Person	<input type="checkbox"/> My Estate	<input type="checkbox"/> A Trust	<input type="checkbox"/> A Charity/Organization								
Beneficiary's (or successor trustee's) Last Name (include additional information below)						Beneficiary's (or successor trustee's) First Name						MI
Home Mailing Address - Number and Street												Apt. No.
City				State		Zip Code + Four			Country			
Percentage to be received		Relationship		Status		Additional Trust or Charity/Organization Information						
%		<input type="checkbox"/> Daughter/Son <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Primary								

2ND	This Beneficiary is (Check one)			Beneficiary's Social Security Number				Date of Birth				
	<input type="checkbox"/> A Person	<input type="checkbox"/> My Estate	<input type="checkbox"/> A Trust	<input type="checkbox"/> A Charity/Organization								
Beneficiary's (or successor trustee's) Last Name (include additional information below)						Beneficiary's (or successor trustee's) First Name						MI
Home Mailing Address - Number and Street												Apt. No.
City				State		Zip Code + Four			Country			
Percentage to be received		Relationship		Status		Additional Trust or Charity/Organization Information						
%		<input type="checkbox"/> Daughter/Son <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Other		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent								

3RD	This Beneficiary is (Check one)			Beneficiary's Social Security Number				Date of Birth				
	<input type="checkbox"/> A Person	<input type="checkbox"/> My Estate	<input type="checkbox"/> A Trust	<input type="checkbox"/> A Charity/Organization								
Beneficiary's (or successor trustee's) Last Name (include additional information below)						Beneficiary's (or successor trustee's) First Name						MI
Home Mailing Address - Number and Street												Apt. No.
City				State		Zip Code + Four			Country			
Percentage to be received		Relationship		Status		Additional Trust or Charity/Organization Information						
%		<input type="checkbox"/> Daughter/Son <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Other		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent								

4TH	This Beneficiary is (Check one)			Beneficiary's Social Security Number				Date of Birth				
	<input type="checkbox"/> A Person	<input type="checkbox"/> My Estate	<input type="checkbox"/> A Trust	<input type="checkbox"/> A Charity/Organization								
Beneficiary's (or successor trustee's) Last Name (include additional information below)						Beneficiary's (or successor trustee's) First Name						MI
Home Mailing Address - Number and Street												Apt. No.
City				State		Zip Code + Four			Country			
Percentage to be received		Relationship		Status		Additional Trust or Charity/Organization Information						
%		<input type="checkbox"/> Daughter/Son <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Other		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent								

V. TYPE OF ROLLOVER

- Direct Rollover:** Trustee-to-Trustee transfer - The 401(k) Plan will accept direct eligible rollover distributions from an eligible retirement plan that consist solely of assets that were deposited on a pre-tax basis or were tax deductible. Payment will come directly from the previous pension plan.
- Indirect Rollover:** The 401(k) Plan will accept eligible rollover distributions from an eligible retirement plan when the amount to be deposited was made on a pre-tax basis or was tax deductible. This amount must have been paid to you no longer than 60 days prior to deposit in the 401(k) Plan. Please enclose a check.

VI. PAYMENT INSTRUCTIONS

For Final Pension Payment/Outstanding Loan and/or Annuity Rollovers into the 401(k) Plan, make check payable to:

The City of New York Deferred Compensation 401(k) Plan

In order for your request to be processed, please:

1. attach a copy of your pension statement or final loan statement, detailing the taxable amount eligible for rollover, and
2. include your name and the last 4 digits of your Social Security number on the check.

Return this form and check to:

Regular Mail	Express Mail	Wire Instructions
NYC Deferred Compensation Plan P.O. Box 392057 Pittsburgh, PA 15251-9057	NYC Deferred Compensation Plan Box # 392057 500 Ross Street 154-0455 Pittsburgh, PA 15262-0001	BNY Mellon ABA/Routing Number 021000018 For Credit to New York City Deferred Compensation Plan/NYCE IRA Account Number 8900623829 FBO (Name of Account Owner)

VII. AUTHORIZATION AND SIGNATURE

I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling over are, in fact, eligible for such treatment. I understand that the Plan will not be held responsible for any tax penalties that may occur for an incomplete submission or for a transfer request of funds ineligible for rollover treatment.

All incoming pension/loan rollovers or annuities will be designated as federally tax-deferred and will be subject to federal taxes when distributed from the 401(k) Plan. I understand that funds deposited into the 401(k) Plan Special Rollover Account will be recordkept separately in order that the source of funds can be recognized so that I can determine the applicable tax liability when funds are withdrawn from the Plan. I further understand that I can obtain information regarding distribution rules and penalties for early withdrawals from the Plan's Distribution Guide for the 457 & 401(k) Plans.

I have received and read the Summary Guide of 457 & 401(k) Plan Provisions and understand the Plan's rules and regulations. Information about the Plan's investment options, including fund descriptions, can be obtained through the Plan's website at nyc.gov/deferredcomp or by contacting the Plan's Administrative Office at (212) 306-7760.

I understand that if I do not indicate an allocation election for my deposit in Section III of this form, or if my election is incomplete my funds will be returned to the issuing Plan or Provider. I further understand that I can transfer my money between investment options at any time through the Plan's Web site or VRU using my PIN. For transactions made through the Web site or VRU, the Plan will act on my instructions; neither the City of New York nor the Plan's recordkeeper, Voya, will be liable for any investment loss, liability, cost or expense for implementing any such instructions.

I understand that my participation in the Deferred Compensation Plan is governed by the applicable Plan Document, the Internal Revenue Code, and state and local laws and regulations. Administrative charges are currently \$20.00 per quarter in the Deferred Compensation Plan. In addition, the Plan's investment funds are assessed an annualized administrative fee of .0004. If I already have a "regular" 401(k) Plan account or a 457 Plan account, I will not be charged an additional fee for the 401(k) Special Rollover Account.

My signature indicates that I have read and understand the effect of my election and agree to all pages of this form. I affirm that all information provided is true and accurate.

Signature: _____ Date: / /

Office Use Only Do Not Write in This Box		Initial	Date	PMS Document #	Effective Date
	DCP Database			/ /	
Payroll			/ /		/ /