

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 website ay nyc.gov/deferredcomp or by calling (212) 306-7760. Upon the processing of this form, you will receive a confirmation letter.

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Your Retirement System or Union Annuity Member Number:

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 website at nyc.gov/deferredcomp or via the telephone by calling (212) 306-7760 and pressing 1 to access your account.

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Amount of Rollover (or approximate amount):

	Investm	ent of rollover/transfer contribution:	Choose	e either <u>one</u> of the	e pre-arran	ged portf	folios (or a mix of core	investment options	6.				
	I. Pre	e-Arranged Portfolios: Choose	only on	э:										
	1.	2065 Fund	4. 🔲	2050 Fund			7. 🕻	2035 Fund	1	10. 🗖	2020	Fund		
	2.	2060 Fund	5. 🔲	2045 Fund			8.	2030 Fund	1	11. 🗖	2015	Fund		
	3.	2055 Fund	6. 🔲	2040 Fund			9. 🗆	2025 Fund	1	12. 🗋	Stati	c Alloc	ation Fund	
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I	I. Co	re Investment Options Create y	our own	portfolio:										
	Ent	ter the percentage (in whole numbe	rs) to be	deposited in eac	h investme	nt option	. The	total must add	up to 100%.					
	1.	Stable Income Fund			%		5	. Mid-Cap Equ	uity Index Fund				%	
	2.	Bond Index Fund			%		6	. International	Equity Index Fund	ł			%	
	3.	Equity Index Fund			%		7	. Small-Cap E	quity Fund				%	
	4.	Global Socially Responsible Index	Fund		%		In	estment allocat	ion <u>must</u> total 100	%	1	0 0	%	

Participant ID or Last Four Digits of SSN							DCP Final Pension Payment/Outstanding Loan or Union Annuity Fund Rollover Form
IV. BENEFICIARY ELECTIO	N]	ר <i>P</i>	ease c	heck f	his b	ox 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.

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Participant ID or Last Four Digits of SSN					DCP Final Pension Payment/Outstanding Loan or Union Annuity Fund Rollover Form

V. TYPE OF ROLLOVER	2
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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 website or telephone using my PIN. For transactions made through the website or the telephone, 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 administrative 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: _

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Date:					
Date.		/		/	