

## DEFERRED COMPENSATION PLAN 457/401(K) IN-PLAN TRANSFER FORM



(212) 306-7760 • TTY (212) 306-7707 • (888) DCP-3113 (Outside NYC) • nyc.gov/deferredcomp

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 $\star$  please note that the assets transferred will be propated from all investment options.

## IV. AUTHORIZATION AND SIGNATURE (Sign in the presence of a Notary Public)

I understand that this transfer will be automatically prorated against all of my available Pre-tax contribution sources in the Plan specified above. If I have Pre-tax assets in the Self-Directed Brokerage Account (SDB) and would like them to be converted to Roth money pursuant to this request, it is my responsibility to liquidate securities and transfer the cash from my SDB account to my core investment options prior to this request.

I understand that my account assets subject to this request will be out of the market for one (1) business day, and units of the percent/amount requested above will be sold on one business day and will be purchased in the same investment option(s) effective on the following business day.

I understand that:

- The taxable portion of this entire transfer will be subject to federal and state income taxes and that I am responsible for the payment of the applicable taxes.
- I am liable for any income tax assessed by the IRS and state tax authority for this election.
- Income taxes will <u>not</u> be withheld from this transfer, and that I am responsible for making quarterly federal and state (if applicable) estimated tax payments, if any, to avoid any potential underpayment penalties.
- This taxable transfer will be reported on IRS Form 1099-R.
- The Internal Revenue Code 10% early withdrawal penalty will not apply to this transfer.
- I should consult with my tax advisor for assistance with my request before signing this form.

Participant ID or Last Four Digits of SSN							
	dministr	ative ch	arges	are cui	rrentl		s governed by the applicable Plan Document, the Internal Revenue Code, and state 20.00 per quarter in the Deferred Compensation Plan. In addition, the Plan's invest-
I understand that I can obtain inform the Plan's website at nyc.gov/defer			Plan	's inves	tmen	t op	tions by contacting the Plan's Administrative Office at (212) 306-7760 or by visiting
My signature indicates that I have rate.	read and	understa	and th	ne effec	t of m	1у е	lection and agree to this form. I affirm that all information provided is true and accu-
Signature (Sign in the presence of a Notary	Public)						Date*
* The date you sign the form must match th	e date on w	which the s	signatu	re is nota	ırized		
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