



DEFERRED COMPENSATION PLAN INCOMING ROLLOVER/TRANSFER OF FUNDS FORM

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

Please Print - Black Ink Preferred



You must be **enrolled** in the Deferred Compensation Plan before a rollover/transfer of funds can be accepted into either the 457 Plan or the 401(k) Plan.

☐ **457 Plan:** This form represents a Plan-to-Plan Transfer of funds from a previous employer's 457 plan into the City's 457 Plan.

CHECK ONLY ONE: ☐ Pre-Tax **OR** ☐ Roth

☐ **401(k) Plan:** This form represents an eligible rollover/transfer of funds from an eligible retirement plan into the City's 401(k) Plan.

CHECK ONLY ONE: ☐ Pre-Tax **OR** ☐ Roth

I. PERSONAL INFORMATION

Participant ID or Last Four Digits of SSNO	Date of Birth (MM/DD/YY)	Area Code	Home Telephone	Area Code	Work Telephone No.
<input type="text"/>	<input type="text"/> / <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. PREVIOUS INVESTMENT PROVIDER/PLAN INFORMATION

Provider/Plan Name:		Account No:
<input type="text"/>		<input type="text"/>
Address:		
<input type="text"/>		
Plan Type:	<input type="checkbox"/> 457: <input type="checkbox"/> Pre-Tax OR <input type="checkbox"/> Roth <input type="checkbox"/> 401(k): <input type="checkbox"/> Pre-Tax OR <input type="checkbox"/> Roth <input type="checkbox"/> 403(b): <input type="checkbox"/> Pre-Tax OR <input type="checkbox"/> Roth	Amount of Transfer (OR APPROXIMATE AMOUNT): \$ Original Roth Funding Year (PLEASE ATTACH DOCUMENTATION):
Contact Name		Telephone No.
<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 website at <http://nyc.gov/deferredcomp> or via the telephone by calling (212) 306-7760.

Investment of rollover/transfer contribution: Choose either one of the pre-arranged portfolios or a mix of core investment options.

I. Pre-Arranged Portfolios: Choose only one:

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---|
| 1. <input type="checkbox"/> 2065 Fund | 4. <input type="checkbox"/> 2050 Fund | 7. <input type="checkbox"/> 2035 Fund | 10. <input type="checkbox"/> 2020 Fund |
| 2. <input type="checkbox"/> 2060 Fund | 5. <input type="checkbox"/> 2045 Fund | 8. <input type="checkbox"/> 2030 Fund | 11. <input type="checkbox"/> 2015 Fund |
| 3. <input type="checkbox"/> 2055 Fund | 6. <input type="checkbox"/> 2040 Fund | 9. <input type="checkbox"/> 2025 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"/> % | 5. Mid-Cap Equity Index Fund | <input type="text"/> % |
| 2. Bond Index Fund | <input type="text"/> % | 6. International Equity Index Fund | <input type="text"/> % |
| 3. Equity Index Fund | <input type="text"/> % | 7. Small-Cap Equity Fund | <input type="text"/> % |
| 4. Global Socially Responsible Index Fund | <input type="text"/> % | Investment allocation must total 100% | <input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 0 % |

IV. TYPE OF ROLLOVER

- ☐ **Direct Rollover:** Trustee-to-Trustee transfer - The Deferred Compensation Plan will accept direct eligible rollover distributions from an eligible retirement plan. Payment will come directly from the previous plan or IRA.
- ☐ **Indirect Rollover:** The Deferred Compensation Plan will accept eligible rollover distributions from an eligible retirement plan. This amount must have been received by you, from the previous plan, no longer than 60 days prior to deposit in the Deferred Compensation Plan. Please enclose check.

V. PAYMENT INSTRUCTIONS

For 457 Plan to Plan Transfers, make check payable to City of New York Deferred Compensation 457 Plan

For 401(k) Eligible Rollover Contributions, make check payable to City of New York Deferred Compensation 401(k) Plan

Please include the participant's name and last four digits of Social Security number on the check

Important: This form needs to arrive prior to or at the same time the funds arrive to effect the transactions requested on the front of this form.

Return this form and check to:

Regular Mail

NYC Deferred Compensation
Plan P.O. Box 392057
Pittsburgh, PA 15251-9057

Express Mail

NYC Deferred Compensation Plan
Box # 392057
500 Ross Street 154-0455
Pittsburgh, PA 15262-0001

Wire Instructions:

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)

VI. 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 of funds ineligible for rollover treatment. I further understand that failure to include the Original Roth 401(k)/457 Funding Year on this form, with regards to a rollover to the DCP Roth 401(k) Plan or Roth 457 Plan, will result in the period that the rolled-over funds were in the previous Roth 401(k)/457 account NOT counting towards the 5-taxable-year period for determining a Qualified Distribution from the DCP Roth 401(k) Plan or Roth 457 Plan.

I 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 understand that if the rollover assets ("Assets") are received before this form is received by the Deferred Compensation Plan's Administrative Office, the Assets will be allocated in the same manner as my current Investment Allocation for that particular Plan designated for incoming assets. I further understand that I can transfer my money between investment options at any time through the Plan's website or IVR using my PIN. For transactions made through the website or IVR, 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.

I understand that I can obtain information about the Plan's investment options, including descriptions and/or prospectuses, by contacting the Plan's Administrative Office at (212) 306-7760.

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:

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