



**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: / /

| Office Use Only<br>Do Not Write in This Box | Initial | Date |   |  |  | PMS Document # | Effective Date |   |  |  |
|---|---------|------|---|--|--|----------------|----------------|---|--|--|
|   |         |      |   |  |  |                |                |   |  |  |
| DCP Database                                |         | /    | / |  |  |                | /              | / |  |  |
| Payroll                                     |         | /    | / |  |  |                | /              | / |  |  |