



Roth NYCE IRA Withdrawal Form

Please print (black ink preferred)

Please See submission instructions below
(212) 306-7760 • (888) IRA-NYCE (outside NYC)
Web site: <http://nyc.gov/nyceira>



1 OWNER'S INFORMATION

LAST FOUR OF SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YY) / /

AREA CODE HOME TELEPHONE NUMBER

AREA CODE MOBILE TELEPHONE NUMBER

LAST NAME

FIRST NAME MI.

HOME MAILING ADDRESS - NUMBER AND STREET

CHECK HERE IF THIS IS A NEW ADDRESS. I AM A U.S. CITIZEN OR RESIDENT ALIEN

APT.

CITY

STATE ZIP CODE +

2 REASON (Complete A and B)

- A:** An Initial Request Change of current withdrawal request
- Cancellation of current withdrawal request Additional Partial Withdrawal while maintaining current Installment schedule
- B:** Qualified Distribution Non-Qualified Distribution
- Excess Contribution: Year _____ Disability (Attach certification of disability)

3 PAYMENT START DATE

- As soon as possible **or** Month _____ Year _____
- If you selected as soon as possible or if left blank, generally, payment will be issued within 10 business days.

4 METHOD

- 1) Full Withdrawal
- 2) Partial Withdrawal(one-time partial payment) of \$ _____ (minimum dollar amount) request is \$1,000 **or** _____ % of balance to be taken from the following investment option* _____
- 3) Installments: Monthly Quarterly Semi-Annually Annual Payments will automatically be prorated across all investment options unless otherwise specified: Payment to be taken from the following *single* investment option*: _____
- 4) Partial Withdrawal(one-time partial payment) of \$ _____ (minimum dollar amount) request is \$1,000 **or** _____ % of balance Payment to be taken from the following investment option(s)*: _____ with the remaining balance in Installments: Monthly Quarterly Semi-Annually Annually Installments to be taken from the following *single* investment option*: _____ starting: Month _____ Year _____ (If left blank, Installments will begin approximately 30 days after the Partial Lump Sum.)

* If left blank or there are insufficient funds in the specified option, disbursement will be taken proportionately from all available investment options.

5 LENGTH OF DISTRIBUTION (check only one from choices 1 - 3 below)

If you select option 3 below, the NYCE IRA Administrator will automatically calculate the amount of your payments.

- 1) Number of Installments _____
- 2) Dollar Amount of Installments \$ _____
- 3) Life Expectancy

6 FEDERAL STATE AND INCOME TAX WITHHOLDING

Federal Income Tax - You are not subject to federal or state income taxes on Qualified Distributions from your Roth NYCE IRA. Earnings on Non-Qualified Distributions, however, are subject to a 10% federal income tax withholding unless you elect otherwise. You must submit a Form W-4P if you would like an alternate amount withheld from your withdrawal. (Attach a completed Form W-4P to this application.)

- Check here if you do not wish to have federal income tax withheld from your Non-Qualified Distribution. You will be responsible for the payment of taxes, as applicable.

State Income Tax - State income tax will not be withheld unless you live in a state that mandates state income tax withholding.

Submission Instructions	Mail completed form to: Deferred Compensation Plan Bowling Green Station, P.O. Box 93 New York, New York 10274-0093	Electronic Submission : Forms and Documents should be sent to NEWYRK@VOYAPLANS.com. Please only include the last 4 digits of your Social Security number, along with your name and address on all forms. Forms can also be faxed to 844-299-2362. Please do not submit your form/document more than once. This will only delay processing. You will receive a confirmation email shortly after submitting your form/document.
	- OR -	



ATTACH A PREPRINTED VOIDED CHECK HERE.

7 ELECTRONIC FUND TRANSFER (EFT)

Only complete this section if you are requesting direct deposit of your payments. You must include a voided check if your distribution is being sent to your checking account. If distribution is being sent to your savings account, attach a letter on financial institution letterhead, signed by a representative of the financial institution, that includes payee's name, savings account number and ABA routing number. EFT is available at no charge. You can only have one account for EFT on file with the Plan at a time.

Note: You must be a named person on the account. Furthermore, you may not designate a business account nor an IRA.

Checking Account Savings Account*

UNITED STATES FINANCIAL INSTITUTION NAME
ACCOUNT NUMBER ABA NUMBER
MAILING ADDRESS, CITY AND ZIP

* You must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes payee's name, savings account number and ABA routing number.

8 DIRECT ROLLOVER (Choose One):

Partial Rollover \$ or Full Account

NAME OF TRUSTEE OR CUSTODIAN FOR THE PLAN OR IRA

NAME ON ACCOUNT ACCOUNT NUMBER
CONTACT NAME TELEPHONE NUMBER
MAILING ADDRESS, CITY AND ZIP

Please Note: Only certain types of investment vehicles are eligible to receive rollovers and it is solely your responsibility to ensure such eligibility. The NYCE IRA Administrator will not be held responsible for any tax penalties that may occur for the transfer of funds eligible for rollover treatment which are transferred to an ineligible investment vehicle.

9 SIGNATURE

I authorize and request the NYCE IRA Administrator – New York City Deferred Compensation Plan and its agents, affiliates, employees or successors to make the above withdrawals. I understand that the earning portion of a Non-Qualified Distribution from a Roth IRA will be taxed in accordance with section 408A of the Internal Revenue Code as ordinary income for federal, state and local tax purposes, as applicable, and may be subject to a 10% early withdrawal penalty if taken before age 59 1/2. There is a set order in which contributions (including conversion contributions) and earnings are considered to be distributed from a Roth IRA: 1 regular contributions, 2 conversion contributions, and 3 earnings on contributions. For more information on figuring the non-taxable and taxable amounts, see IRS Publication 590.

I indemnify the NYCE IRA – New York City Deferred Compensation Plan, its agents, successors, affiliates, and employees from any liability with respect to my adherence to the IRS Code and applicable state and local regulations. I acknowledge that I have received, read and understand the Traditional New York City Employee Individual Retirement A account guide.

I hereby certify under penalties of perjury that I am a U.S. citizen or other U.S. person (including a resident alien individual) and that the Social Security number shown in the Owner's Information section of this form is my correct tax identification number.

Signature of Owner: Date:

10 STATEMENT OF NOTARY (This form must be notarized before it will be processed by the NYCE IRA Administrative Office.)

State of)
) SS.:
County of)

On before me, the undersigned, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

(Signature and office of individual taking acknowledgment)

Table with columns: OFFICE USE ONLY, INITIAL, DATE, WITHDRAWAL EVENT NUMBER, PERIODIC PAYMENT NUMBER