NEW YORK CITY EMPLOYEE IRA
Transfer/Rollover Form

(888) IRA - NYCE (If Outside NYC)
(212) 306-7760
Web site: http://nyc.gov/nyceira

Please Print - Black Ink Preferred

NYCE IRA Our only interest is your interest℠

Before a deposit of funds can be accepted you must have established a Traditional or a Roth NYCE IRA account. To establish a NYCE IRA account, go online at nyc.gov/nyceira (employees only) or complete a NYCE IRA Application (employees and spouses). A separate transfer/rollover form is required for each account.

1 ACCOUNT OWNER INFORMATION

PARTICIPANT ID OR LAST 4 DIGITS OF SSN | DATE OF BIRTH (/ /) | AREA CODE | HOME TELEPHONE NO. | AREA CODE | WORK TELEPHONE NO.

LAST NAME | FIRST NAME | MI

HOME MAILING ADDRESS - NUMBER AND STREET ☐ CHECK HERE IF THIS IS A NEW ADDRESS | APT NO.

CITY | STATE | ZIP CODE + FOUR

2 TYPE OF ROLLOVER

☐ ***Direct Transfer/Rollover:*** Trustee-to-Trustee transfer - The NYCE IRA will accept direct eligible rollover distributions from an eligible retirement plan.

It is your responsibility to initiate the rollover from your previous employer plan or IRA. Payment will come directly from previous plan or IRA.

- ☐ I have completed a Deferred Compensation Plan Distribution Form instructing that my Pre-Tax 457 account be transferred.
- ☐ I have completed a Deferred Compensation Plan Distribution Form instructing that my Roth 457 account be transferred.
- ☐ I have completed a Deferred Compensation Plan Distribution Form instructing that my Pre-Tax 401(k) account be transferred.
- ☐ I have completed a Deferred Compensation Plan Distribution Form instructing that my Roth 401(k) account be transferred.
- ☐ I am transferring money from a City 403(b) Plan.
- ☐ I am transferring money from another employer plan.
- ☐ I am transferring money from another Traditional/SIMPLE/Rollover IRA.
- ☐ I am transferring money from another Roth IRA.

☐ ***Indirect Rollover:*** The NYCE IRA will accept indirect eligible rollover distributions from an eligible retirement plan. Payment will come from you.

- ☐ I am enclosing a check for funds I received from a distribution from my employer's plan or another IRA *within* the past **60** days.

☐ ***Conversion:*** The Roth NYCE IRA will accept conversions from the Traditional NYCE IRA and other IRAs. Pre-Tax 457 and Pre-Tax 401(k) assets can also be rolled over to the Roth NYCE IRA. Assets distributed from the Pre-Tax 457, Pre-Tax 401(k), Traditional NYCE IRA or other IRAs and converted to the Roth NYCE IRA must be reported to the IRS as a taxable distribution and are subject to applicable income tax.

- ☐ I am converting money from my Traditional NYCE IRA.
- ☐ I am converting money from another traditional IRA/SIMPLE/Rollover IRA.
- ☐ I am rolling over my Pre-Tax 457 assets or Pre-Tax 401(k) assets.

3 PREVIOUS INVESTMENT PROVIDER/PLAN INFORMATION

If this is an indirect rollover, please attach documentation from the issuing institution stating the dollar amount and the date of the distribution as well as the plan type.

PLAN TYPE

☐ TRADITIONAL IRA ☐ ROTH IRA ☐ SIMPLE IRA ☐ 401(k)/403(b)/401(a) ☐ 457

ACCOUNT NUMBER

PROVIDER/PLAN NAME

CONTACT NAME | AREA CODE | PHONE NUMBER

ADDRESS

CITY | STATE | ZIP CODE + FOUR

AMOUNT OF TRANSFER (OR APPROXIMATE AMOUNT IF THE EXACT AMOUNT IS NOT KNOWN)

☐ PARTIAL $ ☐ FULL ACCOUNT

ORIGINAL ROTH FUNDING YEAR

IMPORTANT:
Please attach documentation that Identifies contributions and earnings

PARTICIPANT ID OR LAST 4 OF DIGITS SSNO | | | | | | | | | |

4 PAYMENT INSTRUCTION

Check Mailing Instructions: Make check payable to either the Traditional NYCE IRA or Roth NYCE IRA. Make sure the name and the last four digits of the account owner's Social Security number appear on the check. Mail (do not fax) 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
Attn: Box # 392057
1350 Penn Avenue, Suite 102
Pittsburgh, PA 15222

Wire Instructions

BNY Mellon, New York, NY
ABA/Routing Number:021000018
For Credit to: NYC Deferred Compensation Plan/NYCEIRA
Account#: 8900623829
FBO: (Name of Account Owner)

5 AUTHORIZATION AND SIGNATURE

I understand that only certain types of distributions are eligible for transfer/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am transferring/rolling over are, in fact, eligible for such treatment. I hereby indemnify the NYCE IRA Administrator and all its agents, affiliates, successors, and employees from any and all liability in the event I fail to meet any IRA requirements concerning my IRA(s).

I have received and read the NYCE IRA Fund Profiles. I understand that I can transfer my money between investment options at any time through the NYCE IRA Web site or by telephone using my PIN. For transactions made through the Web site or by telephone, the Plan will act on my instructions; neither the City of New York, the Plan's recordkeeper, nor the Plan's custodian, will be liable for any investment loss, liability, cost or expense for implementing any such instructions. I understand that I can obtain information about the investment options, including descriptions and/or fund profiles through the Web site or by contacting the NYCE IRA Administrative Office at (212) 306-7760.

I understand that if I have not established a NYCE IRA account, the Plan administrator will return the funds to either me or the issuing institution, whichever is applicable.

I understand that my participation in the NYCE IRA is governed by the 401(k) Plan for the Employees of the City of New York and Related Agencies and Instrumentalities, the Internal Revenue Code, and state and local laws and regulations. By signing below, I hereby consent to the terms of the NYCE IRA Disclosure Statement and the NYCE IRA Fee Disclosure Statement.

I understand that neither the City of New York, its custodian, nor its service providers are responsible for determining or tracking my deductible and my non-deductible contributions to the Traditional NYCE IRA nor the cost basis (non-taxable contributions) to the Roth NYCE IRA. I further understand that failure to include the Original Roth IRA Funding Year on this form, with regards to a rollover to the Roth NYCE IRA, will result in the period that the rolled-over funds were in the previous Roth account NOT counting towards the 5-taxable-year period for determining a Qualified Distribution from the NYCE Roth IRA.

Please attach documentation that identifies contributions and earnings.

A conversion is a taxable rollover to a Roth IRA, subject to income tax consequences. Please consult a tax advisor prior to making a conversion to the Roth NYCE IRA.

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: _____