

## NYCE IRA Beneficiary Withdrawal Form

Mail (do not fax) completed form to: New York City Employee IRA Bowling Green Station, P.O. Box 93 New York, New York 10274-0093 (212) 306-7760 TTY (212) 306-7707 (888) IRA-NYCE (outside NYC) Web site: http://nyc.gov/nyceira



Please print (black ink preferred)

As be	eneficiary of S.S.#
you a	are entitled to receive % of the balance of the decedent's NYCE IRA account.
Dece	edent was receiving Minimum Distributions as of his/her "Required Beginning Date." 🖵 Yes 🗀 No
Dece	edent's date of death:
Last N. Home City  R (Con A ar	Mailing Address - Number and Street
Startii (If left If you	AYMENT START DATE (Choose the month and year you wish to begin payment.)  ng: Month (Jan., Feb., etc.)
<b>4</b> м	IETHOD
1) 🗖	Full Withdrawal Periodic Payments:   Monthly  Quarterly  Semi-Annual  Annual
	starting: MonthYear(Specify length of periodic payments in section 5.)
3) 🗖	Amount Certain of \$or percentage of balance%
	to be taken from the following investment option* with remaining balance in periodic payments:   Monthly  Quarterly  Semi-Annually  Annually
<b>4</b> ) 🗖	starting: MonthYear(Specify length of periodic payments in section 5.)  Additional Amount Certain of \$ or percentage of balance %
4) 🗖	Additional Amount Certain of \$ or percentage of balance %  to be taken from the following investment option* Choose this option if you already established a payment schedule and wish to receive an Amount Certain from your account without disrupting your current payment schedule.  * If left blank or there are insufficient funds in the specified option, disbursement will be taken proportionately from all available investment options.
5	ENGTH OF PAYMENTS (Check only one from choices 1 - 4 below.)
□ Ch	neck here if you are choosing to receive <b>only</b> the minimum distribution amount that is required by law (Traditional NYCE IRA only). If you select option 3 4 below, the NYCE IRA Administrator will automatically calculate the amount of your payments.
1) 🗖	
2) 🗖	Dollar Amount of Periodic Payments \$
3) 🗖	Life Expectancy
	Joint Life Expectancy (If you have chosen this option, you must complete Section 6 naming your sole primary beneficiary, even if you have provided beneficiary nation previously. Any contingent beneficiaries you previously elected will remain the same. To add or change your contingent beneficiaries, you must complete a

Personal Information Change Form. If you choose Required Minimum Distribution payments (Traditional NYCE IRA only) and you select this option, your spouse must

be more than ten years younger than you and your spouse must be your sole beneficiary. Please attach proof of birth for the beneficiary.)

Please sign page 3 of this form.

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

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