

Traditional NYCE IRA Withdrawal Form

PLEASE PRINT (BLACK INK PREFERRED)

Please See submission instructions below (212) 306-7760 • (888) IRA-NYCE (outside NYC)

2) 306-7760 • (888) IRA-NYCE (outside NYC Web site: http://nyc.gov/nyceira



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	to be taken from the following investment option*																																						
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4)	4) Joint Life Expectancy (If you have chosen this option, you must complete Section 6. Beneficiary Election naming your sole primary beneficiary, even if you have provided beneficiary information 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 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.)																																						
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Submission Instructions Mail completed form to: Deferred Compensation Plan Bowling Green Station, P.O. Box 93 New York, New York 10274-0093

- OR -

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.

OWNER'S SOCIAL SECURITY NUMBER											
7 FEDERAL AND STATE INCOME TAX WITHOLDING											
Federal Income Tax - Traditional NYCE IRA withdrawals are subject to 10% fede											
	you would like an alternate amount withheld from your withdrawal. (Attach a completed Form W-4P to this application.)										
□ Check this box only if you do not wish to have federal income tax withheld. State Income Tax - State income tax will not be withheld unless you live in a state that mandates state income tax withholding.											
8 ELECTRONIC FUND TRANSFER (EFT)	- Inde mandatoo dato moomo tax m										
Only complete this section if you are requesting direct deposit of your payments. Y ing account. If distribution is being sent to your savings account, attach a letter on institution, that includes payee's name, savings account number and ABA routing r on file with the Plan at a time.	financial institution letterhead, signe umber. EFT is available at no charge	d by a representative of the financial									
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, STATE & ZIP CODE											
* You must attach a letter on financial institution letterhead signed by a representative of the financial	ncial institution that includes payee's nam	ie, savings account number and ABA routing number.									
9 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, STATE & ZIP CODE											
Please Note: Only certain types of investment vehicles are eligible to receive rollovers and it is so The NYCE IRA Administrator will not be held responsible for any tax penalties that investment vehicle.											
10 SIGNATURE											
I authorize and request the NYCE IRA Administrator – New York City Deferred Competer drawals. I understand that Traditional IRA withdrawals will be taxed as ordinary income array withdrawal penalty if taken before age 59½. If I am taking periodic payments, I local regulations. If I am over age 73, I accept full responsibility for withdrawing my Renewer Code and applicable federal regulations. By selecting Required Minimum Disevery year (from the date of this form) in accordance with the distribution method select its agents, successors, affiliates, and employees from any liability with respect to my acknowledge of the traditional New York City Employee Individual	ne for federal, state and local tax puraccept full responsibility for complying equired Minimum Distribution required stribution in Section 2, I authorize an ed in Section 4. I indemnify the NYC liberence to the IRS Code and applic Retirement A account guide.	rposes, as applicable, and may be subject to a 10% ng with the IRS Code rules and applicable state and by Sections 401(a)(9) and 408(a)(6) of the Internal d consent to receive Required Minimum Distributions CE IRA – New York City Deferred Compensation Plan, able state and local regulations. I acknowledge that I									
I hereby certify under penalties of perjury that I am a U.S. citizen or other U.S. person Owner's Information section of this form is my correct tax identification number.	n (including a resident alien individua	al) and that the Social Security number shown in the									
Signature of Owner:		Date:///									
11 STATEMENT OF NOTARY (This form must be notarized before it will be processed by the	he NYCE IRA Administrative Office.)										
State of)											
) SS.:											
County of											
Onbefore me, the undersigned, personally ap											
personally known to me or proved to me on the basis of satisfactory evidence to be the inhe/she executed the same in his/her capacity, and that by his/her signature on the instrument.											
(Signature and office of individual taking acknowledgement)											