



Personal Data

Name (please print): _____

REQUIRED Account Number **OR** Last 4 of SSN: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Primary Phone Type: Cell Work Home

Email: _____

How would you like to be contacted if additional information is required? Phone Email

Alerts (Optional) - Please send me alerts regarding this distribution via: Email **OR** SMS to my cell number*

* By selecting this option, you are opting into receiving text messages from the Plan administrator. Message and data rates may apply.

Transfer Information



Did you know? The Plan cannot process a full rollover out if you currently have a balance in the Self-Directed Brokerage Account (SDBA) at Charles Schwab. Partial rollovers may also be impacted depending on the amount requested. **If you utilize the SDBA please facilitate a trade of the remaining assets there back into this Plan prior to sending in this form.**

Required Minimum Distribution (RMD)- I understand if I am RMD age and have not satisfied my RMD for this calendar year, the Plan will distribute the RMD amount prior to processing this partial or full rollover out.

Rollover Amount

Rollover my Full account balance. When you select a full rollover and you have an active Plan loan, the Plan will offset the loan and the unpaid loan balance will be reported as taxable income. If you wish to keep the loan active, you must select a partial rollover and leave at least the amount that represents two of your loan payments in your account.

OR

Rollover a part of my Account Balance \$ _____

Select Money Source(s): Pro-rata from all money sources Pre -tax only ROTH only Rollover source only*

*Only select rollover source if you have that source within your Plan account. Rollover source is the result of rolling another retirement plan into your NYSDCP account in the past. Please review the money source(s) in your NYSDCP account prior to making your selection so the amount you intended is released.

Tax Withholding

Federal Withholding: Federal Income taxes are not withheld at the time this Direct rollover to a ROTH IRA is processed unless you indicate to do so in the manner referenced below. However, the direct rollover to a ROTH IRA is reportable on tax form 1099-R and may be taxable income for you.

I elect to have a different percentage of Federal Income Tax withheld. I understand that I must indicate that percentage on the IRS Federal Tax Withholding Form W-4R and submit it with this Direct rollover to an IRA. The Form W-4R can be found on www.nysdcp.com under the Distributions tab of the Forms and Publication area.

State Taxes: State taxes are not withheld at the time of processing unless otherwise indicated below or if your state has mandatory state tax requirements.

I elect to withhold a state tax amount of _____ (Whole % or \$)

When applicable this amount may be superceded by any mandatory state tax withholding requirements.

NEW FINANCIAL INSTITUTION INFORMATION

Make check payable to: _____ FBO: _____

(Financial Institution Name)

(Your name)

Note: A check will be made payable to the new financial institution for the benefit of (FBO) the participant. Please allow for regular mailing times (7 to 12 business days from the check creation date). The participant must send the rollover check to the new financial institution. The Plan cannot process "In Kind" rollovers or send rollovers via ACH or Wire.

Authorization on next page.

Authorization

I have read and understand the disclosures on the reverse of this form.

Required Minimum Distribution (RMD)- I understand if I am RMD age and have not satisfied my RMD for this calendar year, the Plan will distribute the RMD amount prior to processing this partial or full rollover out.

Signature: _____ Date: _____

Form Return

Mail: New York State Deferred Compensation Plan
Administrative Service Agency
PO Box 182797
Columbus, OH 43218-2797

Overnight Mail: New York State Deferred Compensation Plan
Administrative Service Agency, 1-LC-F2
1 Nationwide Plaza
Columbus, Ohio 43215-2239

Fax: 1-877-677-4329

When faxing paperwork, please allow two hours for your form to be received. If your fax is sent after 3:00pm your paperwork will be filed on the next business day.

Important Information about your rollover Request

- Federal Income Taxes will be due for the year the direct rollover is made to your ROTH IRA. **Income taxes will not be withheld from distributions paid as a direct rollover to a ROTH IRA unless specifically requested.**
- No 10% early distribution penalty tax will be applied to funds rolled into the ROTH IRA even if the distribution includes funds from other qualified plans and/or IRA's previously rolled to your NYSDCP account. However, if distributions are made from the ROTH IRA within the five- year period beginning with the tax year the rollover from NYSDCP to the ROTH IRA occurs, the distributions may be subject to the penalty tax unless another exception applies.
- You should consult with your tax advisor prior to initiating a direct rollover to a ROTH IRA. You should discuss the impact the additional income, without income tax withholding, will have on your tax situation and may wish to plan accordingly.
- Required Minimum Distributions (RMD)- If you have a RMD that has not been satisfied for the current calendar year, the Plan will distribute the required RMD amount to you prior to processing a partial or full rollover out.

Please note: This information is of a general and informational nature and is NOT INTENDED TO CONSTITUTE LEGAL, TAX, OR INVESTMENT ADVICE. Rather, it is provided as a means to inform you of current information regarding your rollover request. You are urged to consult your own counsel regarding this information.