New York State
Deferred Compensation Plan
A Plan for Your Future

New York State Deferred Compensation Plan
Outgoing Rollover

Helpline: 800-422-8463 • nysdcp.com

Personal Data

Name (please print): _____

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

Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Email _____

Rollover Information

Eligibility Status (Please select **only one** eligibility reason below that best describes your status).

☐ **I am separated from service or retired.** (Please note: If the Plan does not already have your separation of service date on file, the Plan will need to obtain that from your previous employer which may delay processing of this rollover out request)

☐ **I have attained age 59.5 or older.** I am still working and may continue my deferrals.

☐ As a **Beneficiary** of a Plan participant, my beneficiary account was previously set up using the Beneficiary Dist. Claim form.

☐ I do not meet the other eligibility requirements stated above. **I am only eligible to roll out my "Rollover" source assets which represent funds previously rolled into my NYSDCP account from another retirement plan (Qualified or IRA).** I have confirmed that I have "Rollover" source funds. (When selecting a source type below, only the "Rollover" source applies to this eligibility reason.)

Select Amount of Assets to be Rolled Out (Select one only)

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**

☐ **Full Account** (Please note: If you have an active Plan loan and are rolling out your entire account balance, the Plan will offset the loan and the unpaid loan balance will be reported as taxable income.)

☐ **Partial Account Balance $** _____

NOTE: Your partial rollover will be processed prorated across all investments and money sources unless indicated otherwise under **"Specific Money Source" and "Specific Fund Investments" below.**

- **Specific Money source(s): A selection here is only needed if you are selecting something other than prorated from all your money sources.**
  If you intend to select a specific money source below, please review your NYSDCP account to confirm you have that money source.

  ☐ Pre-tax only ☐ Roth only ☐ Rollover source only ("Rollover source funds" were rolled into your NYSDCP account from another retirement plan in the past)

- **Specific Fund Investments** - Automatically withdrawn pro-rata from all funds. if you want specific funds, please attach written instructions.

IMPORTANT NOTE: If you have a Required Minimum Distribution (RMD) amount due for the current year that has not been satisfied, the Plan will distribute the remaining RMD amount prior to the processing of your partial and/or full outgoing rollover. The RMD will have 10% Federal Taxes withheld, be sent as a check to you, and will be taxable in the current year. If you want your RMD processed in a different manner, please contact the HELPLINE at 1-800-422-8463 or send the Required Minimum Distribution form prior to the Outgoing Rollover form.

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

I understand that if I am 59.5 and still working the distribution of my account will be completed within 24 to 48 hours of this form being received in good order and I may continue to contribute to the Plan. However, if I am separated from service a complete distribution of my account cannot occur until 45 days after separation from service, which is dependent upon verification of the separation date from my employer. Since I am separated from service a complete rollover will close my account and no new contributions will be accepted once completed.

I have read the important information section above and understand that if applicable, my Required Minimum Distribution will be processed prior to the outgoing rollover if it has not been satisfied in the current year.

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 3:00 p.m. your paperwork will be filed on the next business day.