



Personal Data

Name (please print): _____

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

Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____

Former Employer Plan Information

Separation from service: ____/____/____ (Internal Use - Confirmation of Termination: _____)

Former Employer Name: _____ State Agency/Local Employer ID Number: _____

Current Employer Information

Please note: An enrollment application must be submitted for your current employer before deferrals will begin.

New Hire Date: ____/____/____

Current Employer Name: _____ State Agency/Local Employer ID Number*: _____

Current Work Phone: _____ *If you are unaware of this number, contact your payroll center or the HELPLINE.

Authorization

I understand that the assets transferred from my prior account with the New York State Deferred Compensation Plan pursuant to this application will be invested in the same manner as they were invested in my prior account. If my existing account has an active loan, I understand that it must be either paid in full or become a deemed distribution prior to the consolidation of the two accounts. Please note that if you have a Required Minimum Distribution for the current year that has not yet been satisfied, the Plan will distribute the required amount prior to the processing of your Internal Plan-to-Plan transfer. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.



Did you know? The Plan cannot process a full Plan to Plan Transfer if you currently have a balance in the Self- Directed Brokerage Account (SDBA) at Charles Schwab. **If you utilize the SDBA please facilitate a trade of the remaining assets there back into the Former Employer Plan prior to sending in this form. In addition, if a separate SDBA has not already been established with the Current Employer account, new SDBA paperwork relating to that account may need to be filled out.**

Please select one of the options listed below:

Transfer of Assets: By electing this option and combining these two accounts, I must wait until I separate from service with my current employer before I am entitled to take distributions.

OR

Rollover of Assets: By electing to segregate the assets as a rollover, I understand that I will have access to them for a distribution without separating from service with my current employer. Any request for funds will be a taxable event in the year that the request was made.

Please note: Day 1-Your investments will be sold from the "FROM" account as of that day's closing prices. **Day 2-**Those same investments will be applied to the "TO" account as of Day 2's closing prices.

Participant 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.