



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.

Tax Withholding

Federal Income Tax Withholding Options - The Plan will default to the standard Federal Income Tax Withholding (FIT) indicated under the Type of Payment (shown below) unless otherwise directed.

IRS Forms W-4R and W-4P - Review your type of Payment below. When required, the W-4 forms can be obtained under the Distribution tab of the Forms and Publications section on www.nysdcp.com or by calling the HELPLINE.

Type of Payment	Standard Federal Income Tax (FIT)	If you want an amount <u>more</u> than standard.	Is a Federal Income Tax (FIT) amount less than 20% allowed?
Full Withdrawal	20% FIT	Indicate a percentage on Form W-4R	No
Partial Withdrawal	20% FIT	Indicate a percentage on Form W-4R	No
Periodic Payout lasting less than 10 years.	20% FIT	Indicate a percentage on Form W-4R	No

Standard 20% FIT I elect more than standard FIT. I have indicated a % on IRS form W-4R.

Type of Payment	Standard Federal Income Tax (FIT)	If you want an amount <u>different than standard but more than zero.</u>	Is zero Federal Income Tax (FIT) allowed?
Periodic Payout lasting 10 years or more	FIT is withheld using the current standard IRS withholding rule of single with zero allowances.	Indicate a dollar amount on W-4P	Yes No additional form required. If you want zero FIT check the 'Zero FIT' box below.

Standard single and zero Zero FIT I elect a FIT different than the standard but more than zero.
I have indicated a dollar (\$) amount on IRS form W-4P.

Type of Payment	Standard Federal Income Tax (FIT)	If you want an amount <u>different than standard but more than zero.</u>	Is zero Federal Income Tax (FIT) allowed?
Required Minimum Distribution (RMD). For those 73 or older and retired.	10% FIT	Indicate a percentage on W-4R.	Yes No additional form required. If you want zero FIT check the 'Zero FIT' box below.

Standard 10% on RMD. 10% Federal Income Tax (FIT) will be withheld on the RMD amount but if a portion of this distribution is more than the RMD that needs to be satisfied 20% FIT will be withheld on the overage.

Zero FIT on RMD. Zero Federal Income Tax (FIT) will be withheld on the RMD amount but if a portion of this distribution is more than the RMD that needs to be satisfied, 20% FIT will be withheld on the overage.

I elect a FIT different than the standard but more than zero. The Federal Income Tax (FIT) indicated on form W-4R will be withheld on the amount that represents the RMD. **When an amount of 20% FIT or more is selected on W-4R** - The percentage on the W-4R will be taken on the entire distribution (the RMD and the amount over RMD.) **When a percentage more than zero but less than 20% is selected on W-4R.** The amount on the W-4R will be taken on the RMD only. The overage still will be taxed at the standard 20% FIT.

Tax Withholding (cont.)**State Income Tax Withholding Options**

REQUIRED - You must select one option below or your request will not be processed.

(Exception: New Jersey residents must skip these options and must indicate withholding below)

If you are a resident in a state that mandates state income tax withholding be aware that any state tax amount you request below (including zero) will have the mandatory state taxes withheld in addition to your selection.

- I request a withholding rate of \$ _____ **OR** _____% (whole dollar amount or percentage only)
 Please do not withhold state taxes (if there is a mandatory state tax withholding amount, it will still be withheld.)

****REQUIRED FOR NEW JERSEY RESIDENTS ONLY****

I request a New Jersey state tax withholding rate of \$ _____ (whole dollar amount only)

Authorization

I understand I have a right to receive and review the Special Tax Notice Regarding Plan Payments no less than 30 days and no more than 180 days prior to this distribution. However, if I elect to receive this distribution before the end of the 30-day minimum notice period, this election shall constitute a waiver of my rights to the 30-day notice requirement

I understand that the execution of this form and delivery thereof to the New York State Deferred Compensation Plan revokes any prior income tax withholding instructions I have made.

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.