



### Personal Data

Name (please print): \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ State Agency Code/Local Employer ID #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Deferral Information

Your deferral cannot be less than 1% or your gross salary or less than \$10 per pay period. The maximum you may defer in 2025 is \$23,500. You may be eligible to defer more than these maximums if you are age 50 or over, ages 60-63, or if it is three years prior to the age at which you declare your normal retirement age (NRA). If you have questions, please call the HELPLINE at 1-800-422-8463 or visit [www.nysdcp.com](http://www.nysdcp.com) for further information.

Please note that you do not have to select both types of deferrals. If you do select both, the total cannot exceed 100%.

If your employer is a local town, village, or school, please check with your payroll department or the HELPLINE to determine whether to insert a dollar amount or a percent. If you are paid through the State Comptroller, please enter a percent.

Pre-Tax Deferral: \$ \_\_\_\_\_ or \_\_\_\_\_ % (Whole dollars and percentages only) per pay period

Roth Contribution: \$ \_\_\_\_\_ or \_\_\_\_\_ % (Whole dollars and percentages only) per pay period

### Authorization

I authorize my employer to deduct the deferral amount or percentages set forth above each pay period for the purposes of contributing it to my Plan account. This agreement will continue until further notice by me. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully. Deferrals made by other than New York State residents may be subject to the income tax in the year deferred in their state of residence. Please read your state income tax instructions carefully.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization

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

**Fax:** 1-877-677-4329

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

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.