

New York State Deferred Compensation Plan Direct Rollover to a Roth IRA

Page 1 of 2

Helpline: 800-422-8463 • nysdcp.com

Personal Data		
Name (please print):		
REQUIRED Account Number OR Last 4	of SSN: De	ate of Birth:
Street Address:		
City:	State	e: ZIP:
Primary Phone:	Primary Phone Type: 🗌 Cell	☐ Work ☐ Home
Email:		
How would you like to be contacted if a	dditional information is required? $\; \Box$ Ph	none 🗌 Email
Alerts (Optional) - Please send me al		Email OR SMS to my cell number* ministrator. Message and data rates may apply.
Transfer Information		
Brokerage Account (SDBA) at 0	Charles Schwab. Partial rollovers may als	ently have a balance in the Self-Directed so be impacted depending on the amount ning assets there back into this Plan prior
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	ce \$).	
Select Money Source(s): Pro-rata from all money sources Pre -tax only Roth only Rothorly Ro		
Tax Withholding Federal Withholding: Federal Income Taxes will be due for the year the direct rollover is made to the Roth portion of your Plan account. However, the Plan defaults to the standard zero withholding unless otherwise indicated. ☐ 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State Taxes: I elect to withhold a state tax amount of (Whole % or \$) When applicable this amount may be superceded by any mandatory state tax withholding requirements.		
Financial Institution Information		
Make check payable to:	FBO:	
Make check payable to:		
Authorization		
I have read and understand the disclosur fee. Please read the underlying prospect		itual funds may impose a short-term trade
Signature:		Date:

Form Return

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.

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 was made, these 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.

Please note: This information is of a general and informational nature and is NOT INTENDED TO CONSTITUTE LEGAL 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.