



## DIRECT ROLLOVER TO ROTH IRA

### PERSONAL DATA

Name (Please Print) \_\_\_\_\_ **Required:** Account # (preferred) **OR** Last 4 of SSN \_\_\_\_\_

Primary Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Phone \_\_\_\_\_

Primary Email \_\_\_\_\_ Primary Phone Type:  Cell  Work  Home

How would you like to be contacted if additional information is required to process your request?  Phone  Email

**This is a change to my home address of record. Please update my account accordingly**

**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.

### TRANSFER INFORMATION

**Please Select Money Type:**  All  Pretax  Roth  Rollover\*

\*Denotes assets rolled into the Plan from another retirement plan.

**Amount of Assets to be Transferred:**  Transfer my full Plan Account balance

Transfer part of my Plan Account balance: \$ \_\_\_\_\_

**Tax Withholding:**  I elect to withhold \_\_\_\_\_ % for Federal Income taxes.

I elect to withhold state tax \_\_\_\_\_ (Whole % or \$)

(Please note: Where applicable this amount may be superceded by any mandatory state tax withholding requirements)

#### Financial Institution Information from the Accepting Rollover Institution:

If a money type is not selected, the requested amount will be taken pro-rata from all money sources.

Name of Receiving Rollover Institution: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

For benefit of: \_\_\_\_\_

**Note: Check will be sent to the Participant address on record with the NYSDCP Administrative Service Agency**

**Note: Rollovers out of the Plan are released in check form only and are always sent to the participant's address on record with the Plan. The check will be made payable to the accepting financial institution for the benefit of (FBO) the participant and can only be cashed by that financial institution. It is the participant's responsibility to forward the rollover check to the accepting financial institution it is intended for.**

I have read and understand the disclosures on the reverse of this form. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

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

Return to: New York State Deferred Compensation Plan  
Administrative Service Agency  
P.O. Box 182797  
Columbus, OH 43218-2797  
OR  
Fax to: 1-877-677-4329

Overnight Address: New York State Deferred Compensation Plan  
Administrative Service Agency, DSPF-F2  
3400 Southpark Place, Suite A  
Grove City, OH 43123-4856

*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.