



New York State
Deferred Compensation Plan

A Plan for Your Future

New York State Deferred Compensation Plan Enrollment Application

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Internal Use Only - Account Executive #: _____ Click "Enroll Now" at www.nysdcp.com to enroll online

Personal Data

Name (please print): _____

Date of Birth: _____ SSN: _____ Email*: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

County of your Employer: _____ Employer: _____

*Required - Please see eDelivery section for additional details.

Employer Codes Your enrollment cannot be processed if the information below is not provided.

Select only one option:

☐ I am paid through the Office of the State Comptroller (OSC)

New York State Employee ID Number (starts with NO): _____

State Agency ID Code (5 digit code on left side of paystub): _____

-OR-

☐ I am paid through a local municipality (local town, village, or school)

Local Plan ID: _____

If you are unaware of this number, please contact your Payroll Center or the HELPLINE at 1-800-422-8463.

Deferral Information Prior to making your deferral selection, please read the following.

The minimum deferral allowed is 1% of your gross salary or \$10 per pay period. If you select 100%, your entire paycheck less any benefit withholdings will be deferred.

If you are paid through the Office of the State Comptroller (OSC) - You must enter a percentage deferral. (Whole percentage) If your employer is a local town, village, or school:

Check with your payroll department or the HELPLINE to determine whether your employer accepts a deferral dollar amount or percentage. Once determined, provide a whole dollar or whole percentage amount below.

If your employer utilizes OMNI as a third-party payroll administrator, please contact OMNI to complete the enrollment deferral process. Only your payroll department would be able to confirm if they use OMNI.

Pre-Tax Deferral \$ _____ OR _____%

Roth Contributions \$ _____ OR _____%

Total \$ _____ OR _____%* *Total percentage cannot exceed 100%.

Beneficiary Designation

NOTE: Percentage split must total 100% for each category of beneficiary. If you designate a single Primary or Contingent beneficiary and do not list a percentage, it will be designated as 100%. A person **may not** be listed as both Primary and Contingent Beneficiary. If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example, if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%.

If additional space for beneficiaries is required, attach additional sheets and mark this box: ☐

Primary Beneficiary(ies) (must total 100%): ☐ **Equal Percentages for each Primary Beneficiary**

1. Full Name: _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

2. Full Name: _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Contingent Beneficiary(ies) (must total 100%): ☐ **Equal Percentages for each Contingent Beneficiary**

1. Full Name: _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

2. Full Name: _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

eDelivery Opt Out

- ☐ **By checking this box**, I elect to receive my quarterly statements and other confirmations from the Plan by regular mail. I understand that by not checking this box, I elect eDelivery for quarterly statements, newsletters, investment performance reports and confirmations. With eDelivery, I will be emailed this information at the address provided under the Personal Data section when the information is posted to the Plan's website.

Deferral Allocation

Write the percentage you wish to allocate to each investment option. You may allocate your salary deferrals among any of the investment options listed below. The allocation of your contributions may be in any whole percentage and must total 100%.

DO IT FOR ME The following investment options are professionally-managed asset allocation funds based on your expected retirement date:

_____ % (1776) TRP Retirement Date 2010 Trust (CIT)	_____ % (1782) TRP Retirement Date 2040 Trust (CIT)
_____ % (1777) TRP Retirement Date 2015 Trust (CIT)	_____ % (1783) TRP Retirement Date 2045 Trust (CIT)
_____ % (1778) TRP Retirement Date 2020 Trust (CIT)	_____ % (1784) TRP Retirement Date 2050 Trust (CIT)
_____ % (1779) TRP Retirement Date 2025 Trust (CIT)	_____ % (1785) TRP Retirement Date 2055 Trust (CIT)
_____ % (1780) TRP Retirement Date 2030 Trust (CIT)	_____ % (1786) TRP Retirement Date 2060 Trust (CIT)
_____ % (1781) TRP Retirement Date 2035 Trust (CIT)	_____ % (2884) TRP Retirement Date 2065 Trust (CIT)

DO IT YOURSELF The following core investment options permit participants to create their own asset allocation:

Stable income Fund

_____ % (2756) NYSDCP Stable Income Fund

Bonds

_____ % (1788) NYSDCB US Debt Index U/A (CIT)

_____ % (1794) Voya Core Plus Trust Fund (CIT)

Balanced Funds

_____ % (8957) Vanguard Wellington Fund - Admiral (MF)

Large Cap

_____ % (1789) NYSDCB Equity Index U/A (CIT)

_____ % (1787) Boston Partners Large-Cap Value Equity Fund (CIT)

_____ % (1791) T. Rowe Price Equity Income Trust (CIT)

_____ % (1792) T. Rowe Price Blue Chip Growth Trust (CIT)

_____ % (2765) Vanguard PRIMECAP Fund - Admiral (MF)

Small Mid Cap

_____ % (1790) NYSDCB Russell 2500 Index U/A (CIT)

_____ % (653) Vanguard Strategic Equity Fund (MF)

Small Cap

_____ % (1692) Delaware Small-Cap Value Fund CL I (MF)

_____ % (1793) T. Rowe Price Integrated US Small-Cap Equity Fund CL I (MF)

International

_____ % (2969) Fidelity Int'l Capital Appreciation K6 Fund (MF)

_____ % (5025) NYSDCP Int'l Equity Fund - Active Portfolio (3006)

_____ % (2082) Fidelity Global ex US Index Fund (MF)

Emerging Markets

_____ % (1458) MSIF Emerging Markets Portfolio - Institutional Fund (MF)

Speciality

_____ % (1963) Pax Environmental Global Markets Fund - Institutional (MF)

_____ % (1974) Fidelity OTC Fund - K Shares (MF)

100 % Total for both columns must equal 100%

*Fund 5025 will be mapping to fund 3006 at a date yet TBD.

Authorization

I agree to the terms of the New York State Deferred Compensation Plan. I authorize my employer to deduct the amount or percentage set forth herein until I provide further notice for the purposes of contributing it to my Plan account. I further authorize my employer to process any deferral changes I request through the Plan in the future. Deferrals made by participants who are not New York State residents may be subject to the state income tax in the year deferred in their state of residence. Please read your state income tax instructions carefully.

I have read and understand the terms contained in this form, including the attached Memorandum of Understanding, which is incorporated herein.

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 3:00 p.m. your paperwork will be filed on the next business day.



Welcome to the New York State Deferred Compensation Plan. The Plan is a voluntary, long-term retirement savings program designed for your retirement needs. The amount you contribute to the Plan is deducted from your pay, and any investment returns grow on a tax-deferred basis.

Contributions to the Plan:

The minimum contribution to the Plan is 1% of your gross pay (at least \$10 per pay period). The maximum contribution you may make in 2025 is \$23,500. If you are at least age 50 prior to the end of the current calendar year, you are eligible to contribute a maximum of \$31,000. If you are between the ages of 60-63 prior to the end of the current calendar year, you are eligible to contribute a maximum of \$34,750. If you are within three years of the date that you are able to retire without a reduction in pension benefits, you may be eligible to make additional contributions. Contact an Account Executive or HELPLINE Representative at 1-800-422-8463 for more information and the forms you need to complete to contribute the higher limit.

Pre-Tax Deferrals:

The amount you contribute to the Plan will be deducted from your pay on a pre-tax basis for federal and New York State income tax purposes, thereby reducing your taxable income for the calendar year. The investment returns also grow on a tax-deferred basis, and income taxes are paid only when money is withdrawn from the Plan.

Roth Contributions:

These deductions are made from your pay on an after-tax basis. Contributions grow tax-deferred, but when money is distributed from the Plan, qualifying distributions are not subject to federal or New York State income taxes.

Processing Time Frame:

Enrollments are processed upon receipt. Your first deferral date will vary dependent on your employer's payroll schedule. You may change or cancel your deferral amount at any time, however, these changes will begin on the next available pay date in accordance with your employer's payroll processing schedule.

Next Steps:

Please read the bullets below to understand the basics of the Plan and then complete your application.

I understand that:

1. Withdrawals from the Plan may be taken only upon separation from employment, absence due to qualified military service, death, an unforeseeable financial emergency, attainment of age 59½, from an account that has been in inactive status for two years and has a balance of \$5,000 or less (inclusive of any outstanding loan balance but exclusive of assets in a rollover account) or as a loan.
2. Participation in the Plan is not intended to replace a regular savings program necessary to cover day-to-day unanticipated financial expenses. Plan distributions for "Unforeseeable Financial Emergencies" are strictly regulated by federal laws. The Plan allows a maximum of two self-certification unforeseeable emergency requests in a calendar year. You cannot exceed \$20,000 per request or \$40,000 in a calendar year.
3. I may enroll in the Plan for the purpose of transferring assets from another 457(b) deferred compensation plan, a 403(b), 401(k), 401(a), Keogh plan, traditional or rollover IRA without becoming an active participant.
4. Unless I have opted for a paper statement, I will receive an email notification when my quarterly statement, quarterly newsletter and investment performance report are available on the website.
5. If my employer has opted to allow Roth contributions, contributions to the Roth account may not be reclassified after they are made. The investment allocation for Roth contributions will be the same as for any pre-tax deferrals. Distributions of Roth contributions must meet the same withdrawal requirements as pre-tax withdrawals.
6. There is an administrative fee deducted from my Plan account on a semi-annual basis as outlined in the Plan's Investment Options Guide. These fees are subject to change.

Information relating to the Plan or a copy of the Plan Document may be obtained by calling the HELPLINE at 1-800-422-8463 or visiting the Plan's website at www.nysdcp.com.

Tips for Completing the Application

State Employees

If you are employed by a State Agency, please see the screenshot below to assist you with identifying the information necessary to complete the application.

This application will require you to include your five-digit Department ID, which is located on the upper left corner of your pay stub, and your NYS Employee ID that is listed next to the Department ID. If you do not have this information, your application cannot be processed.

The screenshot shows a pay stub for Thomas P. DiNapoli, State Comptroller. Callouts highlight the following information:

- Negotiating Unit:** 06
- Pay Rate:** 55,655.00
- Net Pay:** 2,175.25
- Department ID:** 21220
- Employee ID:** N01300820

Thomas P. DiNapoli State Comptroller		Negotiating Unit		Total Gross: Fed Taxable Gross	
Advice #	68611589	Pay Start Date	03/01/2012	Current	2,817.82
Advice Date	03/26/2012	Pay End Date	03/14/2012	VTD	2,587.36
Department ID	21220	NYS EMPID	N01300820		19,843.35
			Net Pay	2,175.25	
			Pay Rate	55,655.00	

Local Employees

If you are employed by a city, town, or library system that contains its own payroll department, the application requires your Local Plan ID. This six-digit number can be obtained by contacting your payroll department or our HELPLINE at 1-800-422-8463.

Deferral InformationState Employees

When entering your deferral amount, you must provide a percentage of your gross pay. This percentage must be a whole number. If you need assistance calculating a percentage for your deferral, please contact our HELPLINE at 1-800-422-8463.

Local Employees

Before completing your application, please check with your employer or our HELPLINE to find out if your employer requires deferrals to be entered as a dollar amount or as a percentage.

Please note that if you elect a deferral rate of 100%, you are authorizing the Plan to deduct the remaining balance of your paycheck after all other required pre-tax deductions have been taken. If you are electing this deferral percentage for a lump sum payment to the Plan, it is important to contact the HELPLINE with the exact date of the lump sum payment.