



INCOMING ROLLOVER

DIRECTIONS

To make your rollover to the Plan easier:

- **The Plan requires you to include a copy of a recent statement from the previous provider. This allows us to confirm the previous plan type, provider address and any necessary account numbers.**
- Contact the previous provider to determine if plan-specific forms are required in addition to our form, and if a Medallion Signature Guarantee is required. In addition, you may want to ask about any transfer restrictions including redemption fees and transfer charges.
- If you are transferring a Roth 457(b) plan, please provide the date the account was originally established. This date is used to track your five-year holding period, which determines income tax treatment.

Upon receipt of your completed form, the New York State Deferred Compensation Plan will send a letter of acceptance to the previous provider instructing them to issue a check to the Plan's trustee.

PERSONAL DATA

Name (Please Print)			Account Number (preferred) or Last 4 of SSN
Primary Address			Date of Birth
City	State	ZIP	Home Phone
Employer			Work Phone

ROLLOVER INFORMATION

Please select Direct Rollover or Indirect Transfer below:

- A direct rollover of my assets to the Plan.** Your previous administrator will process a rollover out of your account with them and send a check made payable to the New York State Deferred Compensation Plan (NYSDCP) for your benefit. When applicable the Plan's Administrative Service Agency will provide the prior administrator with this form and a letter of acceptance.
- An indirect transfer of assets that were distributed to me (Not initially processed as a rollover).** The Plan will accept indirect transfers of funds that the previous administrator distributed to you within the past 60 days if the following criteria is met:
1. It is a distribution that you received as an eligible rollover distribution (e.g. a lump sum payment, one of a series of payments to be made in less than ten years),
 2. You provide NYSDCP with the following: A check that is equal to or less than the amount paid to you from your prior administrator. A statement or confirmation from the other carrier detailing the distribution and whether taxes were withheld.
Please Note: If taxes were withheld you are required to include a check that represents that amount and it will be applied to this account.

PREVIOUS PLAN ADMINISTRATOR INFORMATION

Previous Plan Administrator			Previous Plan Account Number	
Previous Plan Address				
City	State	ZIP		
Previous Plan Type:				
<input type="checkbox"/> 401(a)	<input type="checkbox"/> 401(k)	<input type="checkbox"/> 403(b)	<input type="checkbox"/> 457(b)	<input type="checkbox"/> TSP
<input type="checkbox"/> 401(a) Roth	<input type="checkbox"/> 401(k) Roth	<input type="checkbox"/> 403(b) Roth	<input type="checkbox"/> 457(b) Roth	<input type="checkbox"/> Non-Roth IRA (Traditional or SEP)

NOTE: Roth and After-Tax IRA's may not be transferred into your NYSDCP account.

(Asset Allocation Information & Authorization on the reverse side)

PREVIOUS PLAN ADMINISTRATOR INFORMATION

Status of Rollover/Transfer with the Plan Administrator - The Provider/Custodian who currently holds your assets will likely have their own requirements to complete the rollover/ transfer.

I have completed all requirements and the rollover check is already on the way to NYSDCP from the prior administrator?

Yes No

If Yes, you may skip to the “Asset Allocation Information” section..

If No, please contact your Previous Administrator to answer the following questions. This is required in order to efficiently and accurately facilitate your rollover.

Questions for the Previous Plan Administrator:

Require their own paperwork only **OR** Will accept this form and our letter of acceptance

Require original signatures on this form* **OR** Will accept a: Fax Email

***(If they require an original signature do they also require a medallion signature guarantee?** If yes, please obtain that in the space labeled Medallion Signature Guarantee Stamp below). This can be obtained at most commercial banks. We do not require this; however, your previous administrator may

Does your account with the previous administrator contain Roth funds? **If yes**, please ask for this information:

The date the Roth account was established _____

The amount of basis included in the amount rolled over _____

ASSET ALLOCATION INFORMATION

You may allocate your rollover funds among the following investment options:

According to my current allocation to the Plan.

100% to the Stable Income Fund

Other – Please attach written instructions

ROLLOVER AMOUNT

Full account value

Partial account value \$ _____

AUTHORIZATION

The New York State Deferred Compensation Plan accepts direct rollovers from the above specified retirement plans and traditional IRA's. I understand that the assets transferred to the New York State Deferred Compensation Plan pursuant to this application will be invested as indicated on the Asset Allocation Information section with this application. If the Asset Allocation Information section is not completed, the assets transferred to the Plan pursuant to this application will be invested according to my current deferral allocation as provided on the Plan's records, even if I am not currently making deferrals to the Plan or am separated from service. I understand that my deferral allocation of record may not necessarily be the same as my current investment balance by investment option. My current deferral information may be determined through the Plan's HELPLINE at 1-800-422-8463 or on the Plan Web site, www.nysdcp.com. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

Participant Signature

Date

FORM RETURN

Next Steps-Returning the form -Select the correct method of return below. Read carefully to avoid delays.

Returning paperwork and a rollover check will also be enclosed. Mail the check, this form and any applicable paperwork from your prior administrator to the New York State Deferred Compensation Plan (NYSDCP) 75 Remittance Drive Dept 6771, Chicago Illinois, 60675-6771.

Medallion Signature Guarantee Stamp

Returning Paperwork ONLY (No check included)--Return this form and any applicable paperwork from your prior administrator to NYSDCP via Fax 1-877-677-4329 or mail to: New York State Deferred Compensation Plan (NYSDCP) PO Box 182797, Columbus, Ohio 43218. **(DO NOT SEND CHECKS TO THIS ADDRESS)**