



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 in the event a letter of acceptance is required by the other provider.
- 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 rollover restrictions including redemption fees and rollover 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.

This form is primarily for direct rollovers from one retirement plan to another via a check made payable to the New York State Deferred Compensation Plan (NYSDCP). However, in some cases, the Plan may be able to accept an “indirect rollover,” which is a distribution from a retirement plan made payable to you within the past 60 days and not initially processed as a direct rollover. For NYSDCP to accept an “indirect rollover,” it must be an eligible distribution such as a lump sum payment or one of a series of payments to be made in less than ten years. If that criteria is met, then you must also provide a check made payable to NYSDCP that is equal to or less than the amount distributed to you from the other plan. **Please note that the Plan cannot accept checks that are made payable to you and endorsed over to the Plan.** You must also provide a statement from the other plan detailing the distribution transaction including whether taxes were **withheld**. If taxes were withheld, it is required that you include as a part of the check you are sending to the Plan, the amount that represents the full taxes withheld from the distribution aforementioned.

Personal Data

Name (please print): _____

Account Number **OR** Last 4 of SSN: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Primary Phone Type: ☐ Home ☐ Work ☐ Cell

Email: _____

Previous Plan Administrator Information

Previous Plan Administrator: _____

Previous Plan Account Number: _____

Previous Plan Street Address: _____

City: _____ State: _____ ZIP: _____

Previous Plan Type: ☐ 401(a) ☐ 401(k) ☐ 403(b) ☐ 457(b) ☐ TSP

☐ 401(k) Roth ☐ 403(b) Roth ☐ 457(b) Roth ☐ Non-Roth IRA (Traditional, SEP, or Simple)

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



Previous Plan Administrator Information (cont.)

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

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 **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 in a rollover 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 in the rollover 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 website, www.nysdcp.com.

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.

Make the check payable to NYSDCP and mail it with this form and any applicable paperwork from your prior administrator to:

NYSDCP Receipts
PO Box 360342,
Pittsburgh, PA. 15251-6342

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.)**