



Personal Data

Name (please print): _____

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

Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____

Former Employer Plan Information ("FROM") account and Eligibility

Avoid delays with this request by contacting the HELPLINE If you have **NOT** reached age 59.5 or older and you also are not certain if the Plan has your separation from service date on file from this employer.

Eligibility (select one): ☐ Separation from service **OR** ☐ 59.5 or older (still with employer)

Former ("FROM") Employer Name: _____

State Agency/Local Employer ID Number: _____

Current Employer Information ("TO") account

Please note: An enrollment application must be submitted for your current employer before deferrals will begin.

Current Employer Name: _____

New Hire Date: ____/____/____ State Agency/Local Employer ID Number: _____

Combining Accounts (Select only one of the options listed below)

The selection you make below will indicate if you want the ability to withdraw money from your previous employer ("FROM") account assets after the Plan combines those assets with your current employer ("TO") account. In many cases participants are not eligible yet to withdraw funds from the account they are moving into ("TO" account), due to either their age or employment status with that specific employer. Once the accounts are combined, participants are eligible to retain the ability to take a distribution from the portion of the account that represents the ("FROM") funds. However, in some cases, participants do not want that access. **Please make your choice about that access below, but please note the following exception.**

- **Exception (ROTH)** - If the account you are moving out of ("FROM" account) contains ROTH, regardless of what you select below (or if you do not select an option) the Plan will process any ROTH funds as a "Rollover of Assets" as dictated by IRS ROTH guidelines.

Please select **only one** of the options listed below that works best for you.

- ☐ **I am age 59.5 or older** and as a result I am eligible to combine both accounts and take distributions from the combined account without being separated from service with either employer.
- ☐ **Transfer of Assets:** When the Plan combines the accounts, I **do not** want the ability to process a distribution from the assets transferred from my previous employer until I am eligible either by age (59.5 +) or separation from service with my current employer.
- ☐ **Rollover of Assets:** When the Plan combines the accounts, I am electing to segregate the assets from my previous employer as a rollover because I **want** the ability to process a distribution from those assets even if I am not eligible by age or employment status with my current employer. Any request for funds will be a taxable even in the year processed. **Default option for ROTH funds.**

Please note: Day 1- Your investments will be sold from the "FROM" account as of that day's closing prices.

Day 2- Those same investments will be applied to the "TO" account as of Day 2's closing prices.



Did you know? The Plan cannot process a full Plan to Plan Transfer if you currently have a balance in the Self-Directed Brokerage Account (SDBA) at Charles Schwab. **If you utilize the SDBA please facilitate a trade of the remaining assets there back into the Former Employer Plan prior to sending in this form.** In addition, if a separate SDBA has not already been established with the Current Employer account, new SDBA paperwork relating to that account may need to be filled out.

Authorization

When my two New York State Deferred Compensation Plan (NYSDCP) accounts are initially combined, I understand the funds from my prior account will remain in the same investment mix when the Plan consolidates the accounts. However, I understand I can change those investment selections any time after the consolidation. **Loans** - If my prior employer account has an active loan, I understand that it must be either paid in full or become a deemed distribution prior to the consolidation of the two accounts. **Required Minimum Distributions (RMD)** - If you have a RMD that has not been satisfied on the prior employer account for the current year, the Plan will distribute the required amount to you prior to consolidating the accounts.

Participant Signature: _____ **Date:** _____

Form Return

Mail: New York State Deferred Compensation Plan
Administrative Service Agency
PO Box 182797
Columbus, OH 43218-2797

Overnight Mail: New York State Deferred Compensation Plan
Administrative Service Agency, 1-LC-F2
1 Nationwide Plaza
Columbus, Ohio 43215-2239

Fax: 1-877-677-4329

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.