

OUTGOING ROLLOVER

PERSONAL DATA

Name (Please Print) _____			Required: Account Number (Preferred) OR Last 4 of SSN
Home Address _____			Date of Birth _____
City _____	State _____	Zip _____	Home Telephone Number _____

ROLLOVER INFORMATION

Eligibility Status (Please select the **one** that best describes your status)

- I am separated from service or retired** (Please note: If the Plan does not already have your separation of service date on file from your employer the Plan will have to obtain it from them. When applicable this rollover request may be delayed for that verification)
- In Service withdrawal** – I have attained age 59½ or older. I am still working and wish to continue my deferrals into the Plan.

Please Select Money Type:

- All** **Pretax** **Roth** **Rollover***

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

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

Amount of Assets to be Rolled Over:

- Rollover my full Plan Account balance
- Rollover part of my Plan Account balance: \$ _____
- Other – Please attach written instructions



Did you know? The Plan cannot process a full rollover out if you currently have a balance in the Self-Directed Brokerage Account (SDBA) at Charles Schwab. Partial rollovers may also be impacted depending on the amount requested. **If you utilize the SDBA please facilitate a trade of the remaining assets there back into this Plan prior to sending in this form**

I have read the "Serving You Throughout Your Lifetime" brochure and understand that if I am 59.5 and still working the distribution of my account will be completed within 24 to 48 hours of this form being received in good order and I may continue to contribute to the Plan. However, if I am separated from service a complete distribution of my account cannot occur until 45 days after separation from service, which is dependent upon verification of the separation date from my employer. Since I am separated from service a complete rollover will close my account and no new contributions will be accepted once completed.

Please note that if you have a Required Minimum Distribution (RMD) amount for the current year that has not yet been satisfied, the Plan will distribute the remaining RMD amount prior to the processing of your partial or full Outgoing Rollover. The RMD will be sent as a check and will be taxable in the current year.

Participant Signature _____ Date _____

Name of Employer or Sponsor: _____

Make check payable to: _____

For benefit of: _____

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

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

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

Overnight Address: New York State Deferred Compensation Plan
Administrative Service Agency, 1-LC-F2
1 Nationwide Plaza
Grove City, OH 43215-2239