



Personal Data

Name (please print): _____

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

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Employer: _____

State Agency Code/Local Employer/ID Number: _____

I understand the following provisions of the New York State Deferred Compensation Plan:

1. My actual compensation during the 12-month period preceding the qualified military service is used to determine the maximum Qualified Military Make-Up amount.
2. The time limit for making Qualified Military Make-Up deferrals is the lesser of (a) the period of qualified military service times three, or (b) five years.
3. I am responsible for assuring that my deferrals comply with applicable limitations and requirements.
4. Qualified Military Make-Up deferrals may be made in addition to regular deferral amounts and other catch-up deferrals I may be making.

Deferral Overview

Regular Deferrals	\$ _____ (Not to exceed the current annual limit)
Qualified Military Service Make-Up Deferrals	\$ _____ (Not to exceed the amount on Step 3, Line 3)
Retirement Catch-Up Deferrals	\$ _____ (Not to exceed the current annual limit, if eligible)
Age 50 and Over Catch-Up Deferrals	\$ _____ (Not to exceed the current annual limit, if eligible)
Total Deferrals in _____ (Year)	\$ _____

Authorization

New Pre-Tax Deferral Percentage: _____ % *per pay period (Whole percentages only)*

New Roth Deferral Percentage: _____ % *per pay period (Whole percentages only)*

If your employer only accepts dollar deferrals, write in an amount per pay period, instead of percentage amount.
State employees must use a percentage amount.

If this deferral amount is not available due to other payroll deductions, I understand that deferrals will be taken to the fullest extent possible.

I attest that the information provided on this form is complete and accurate.

Please read the underlying prospectuses carefully. 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.

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



Overview

A participant who is called to active duty in the United States military is eligible to make Qualified Military Make-Up deferrals to the New York State Deferred Compensation Plan in the amount that they could have deferred to their Plan account had their employment with the State or a participating employer not been interrupted by military service. The total amount eligible for Qualified Military Make-Up deferrals is determined for each calendar year during which military service occurred. You may begin to make Qualified Military Make-Up deferrals in the calendar year that you return to employment with the State or a participating employer; however, there may be advantages to delaying Qualified Military Make-Up deferrals until January of the calendar year following the year of your return. Please contact your Account Executive or a HELPLINE Representative at 1-800-422-8463 if you require assistance in determining when to begin your Qualified Military Make-Up deferrals.

Overview

Step 1: Determine your maximum Qualified Military Make-Up deferral amount by completing **the chart on the following page**.

- Enter the period of military service separately for each calendar year in Columns 1 and 2.
 - For example, for service between 10/1/2012 and 4/1/2014, enter 10/1/2012 to 12/31/2012 in row 1, 1/1/2013 to 12/31/13 in row 2 and 1/1/2014 to 4/1/2014 in row 3.
- Count the number of weeks for each calendar year of military service and enter in Column 3.
- Enter the amount of contributions other than Qualified Military Make-Up deferrals that you have made to a deferred compensation plan during each applicable year of military service, if any, in Column 4. Enter TBD in the year your military service ended if you wish to begin Qualified Military Make-Up deferrals in that year.
- Enter your Maximum Permissible Contribution for each year in Column 4. This amount is:
 - The maximum regular deferral allowed for that year (see table below),
 - PLUS** the additional age 50 and over catch-up amount, if you were at least age 50 at the end of the previous year;
 - OR** your gross salary less Social Security and other pre-tax contributions; whichever amount is less.

Year	Maximum Regular Deferral	Additional Age 50+ Catch-up Amount
2006	\$15,000	\$5,000
2007	\$15,000	\$5,000
2008	\$15,500	\$5,000
2009	\$16,500	\$5,500
2010	\$16,500	\$5,500
2011	\$16,500	\$5,500
2012	\$17,000	\$5,500
2013	\$17,500	\$5,500
2014	\$17,500	\$5,500
2015	\$18,000	\$6,000
2016	\$18,000	\$6,000
2017	\$18,000	\$6,000
2018	\$18,000	\$6,000
2019	\$19,500	\$6,500
2020	\$19,500	\$6,500
2021	\$19,500	\$6,500
2022	\$20,500	\$6,500
2023	\$22,500	\$7,500

5. Subtract the number in Column 4 from the number in Column 5 to determine your Maximum Amount of Qualified Military Make-Up. Enter this amount in Column 6.

Total Compensation from New York State and/or a participating employer for the 12 months immediately prior to the commencement of your military service:

\$ _____

1	2	3	4	5	6
Date Military Service Began	Date Military Service Ended	Weeks of Military Service	Amount Contributed to NYSDCP	Maximum Permissible Contributions	Maximum Amount of Qualified Military Make-Up
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Totals			\$	\$	\$

Step 2: Determine the period during which you may make Qualified Military Make-Up deferrals by completing the following formula.

Qualified Military Make-Up deferrals may be made for a period equal to 3 times the period of your military duty, not to exceed 5 years.

- Total weeks of military service 1. _____
- Multiply the number above (Line 1) by 3. 2. (X) 3 = _____
- On Line 3, enter the result from Line 2 or 260, whichever is smaller. 3. _____

You may make Qualified Military Make-Up deferrals for a period of time not to exceed the number of weeks on line 3. For example, if line 3 is 140, you may make Qualified Military Make-Up deferrals for 140 weeks (70 payroll periods if paid bi-weekly).

Step 3. Determine the amount of Qualified Military Make-Up deferrals that you have remaining by completing the following formula.

- Total Maximum Amount of Qualified Military Make-Up 1. \$ _____
- Amount of Qualified Military Make-Up deferrals used in prior years 2. \$ _____
- Subtract Line 2 from Line 1 3. \$ _____

Line 3 is the Maximum Qualified Military Make-Up that may be used.