



## RETIREMENT SERVICE CREDIT PAYMENT

### RETIREMENT SERVICE CREDIT PAYMENT INSTRUCTIONS

The following are the procedures to be followed when you request that your assets in the New York State Deferred Compensation Plan be used to purchase retirement service credit in a public retirement system.

- Write to your retirement system requesting eligibility to purchase service credit (e.g., prior service credit or military service credit). Your retirement system will respond with a letter stating whether or not you are eligible to purchase retirement service credit. If qualified, the notification of eligibility will inform you of the cost to purchase the prior service credit and the date that the payment must be paid, which is generally 30 days after the date of the determination. Your Plan funds may be used to purchase optional service only.
- If you are currently purchasing retirement service credit through payroll deductions, write to your retirement system requesting the amount necessary to pay the remaining balance. Your retirement system will provide you with that amount and a due date, which is generally 30 days after the date of determination.
  - If you are currently making payroll deductions to purchase retirement service credit, it is your responsibility to notify your personnel agency to stop payroll deductions for this purpose. Any excess payments will be refunded to you by your retirement system.
- The Plan will transfer the amount you requested from your Plan account directly to your retirement system. You will be notified of the amount transferred and the date that that amount was paid to your retirement system.



## RETIREMENT SERVICE CREDIT PAYMENT

### PERSONAL DATA

Name (Please Print)

**Required:** Account Number (preferred) or Last 4 of SSN

Primary Address

Date of Birth

City

State

ZIP

Primary Phone

Primary Phone Type:  Cell  Work  Home

Primary Email

How would you like to be contacted if additional information is required to process your request?  Phone  Email

**This is a change to my home address of record. Please update my account accordingly**

**Alerts (Optional)** – Please send me alerts regarding this distribution via: Email or SMS to my cell number\*

\*By selecting this option, you are opting into receiving text messages from the Plan administrator. Message and data rates may apply.

### RETIREMENT SYSTEM INFORMATION

Name of Retirement System

Your Retirement System Registration Number

Retirement System Address

City

State

ZIP

### PAYMENT METHOD

- Please complete and return the Retirement Service Credit Payment form with enough time to allow for at least **3-5 business days** for processing **and** an additional **7-10 business days** for regular mailing and processing of receiving entity
- **Include a copy of the notification/letter of eligibility from your retirement system with your Retirement Service Credit Payment application. Additionally, please include a receipt for mandatory payment (if one was made). Your retirement service credit payment will be delayed if we do not receive this information.**

**PLEASE NOTE: This must be distributed from pre-tax funds only or it will be rejected from the receiving entity**

Pursuant to the enclosed notification of eligibility from my retirement system and for the purpose of purchasing retirement service credit, I hereby authorized the transfer of \$ \_\_\_\_\_ to the \_\_\_\_\_ Retirement System to be received no later than \_\_\_\_\_ (date).

### AUTHORIZATION

I authorize the New York State Deferred Compensation Plan to transfer the funds noted above to the indicated retirement system for the purchase of prior service credit.

Deferrals made by participants who are not New York State residents may be subject to the income tax in the year deferred in their state of residence. Please read your state income tax instructions carefully.

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, DSPF-F2  
3400 Southpark Place, Suite A  
Grove City, OH 43123-4856

**Fax:**

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.