

DEFERRAL CHANGE

PERSONAL DATA

Name (Please Print)			Account Number (Preferred) OR Last 4 of SSN
Home Address			Date of Birth
City	State	Zip	Home Telephone Number
Employer			Work Telephone Number
Employer Address			State Agency Code/Local Employer ID Number
City	State	Zip	

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

DEFERRAL INFORMATION

Your deferral cannot be less than 1% or your gross salary or less than \$10 per pay period. The maximum you may defer in 2019 is \$19,000. There are special provisions that may allow you to defer more than \$19,000 if you are age 50 or over or will become 50 years old in 2019, or if you are within four years of any age at which you may retire and immediately receive unreduced retirement benefits. If you have questions, please call the HELPLINE at 1-800-422-8463 or visit www.nysdcp.com for further information.

Please note that you do not have to select both types of deferrals. If you do select both, the total cannot exceed 100%. If your employer is a local town, village, or school, please check with your payroll department or the HELPLINE to determine whether to insert a dollar amount or a percent. If you are paid through the State Comptroller, please enter a percent.

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

Roth Contribution: _____ % (*Whole percentages only*) per pay period

AUTHORIZATION

I authorize my employer to deduct the deferral amount or percentages set forth above each pay period for the purposes of contributing it to my Plan account. This agreement will continue until further notice by me. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully. Deferrals made by other than 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

Return to: New York State Deferred Compensation Plan
Administrative Service Agency
P.O. Box 182797
Columbus, OH 43218-2797

Overnight Address: New York State Deferred Compensation Plan
Administrative Service Agency, DSPF-F2
3400 Southpark Place, Suite A
Grove City, OH 43123-4856

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*