



SMALL INACTIVE ACCOUNT WITHDRAWAL

PERSONAL DATA

Name (Please Print)			Social Security Number/Account Number
Home Address			Date of Birth
City	State	Zip	Home Telephone Number
Employer			Work Telephone Number

INSTRUCTIONS

By signing this application, I hereby acknowledge that the following criteria have been met:

1. My New York State Deferred Compensation Plan account balance does not exceed \$5,000.00 including the unpaid balance of a Plan loan, but excluding rollover contributions, as of the date of this one time Small Inactive Account Withdrawal election.
2. There have been no contributions to the Plan during the two-year period ending on the date of this Small Inactive Account Withdrawal distribution election.
3. There has been **NO** prior Small Inactive Account Withdrawal distribution under the Plan. (This is a one-time only option.)
4. I am currently employed by the State of New York or a participating employer.
5. I understand that the Plan will withhold a 20% mandatory Federal Tax Withholding to comply with IRS guidelines.

Amount of assets to be withdrawn:

\$ _____ (not to exceed \$5,000), or Total account balance (not to exceed \$5,000)

AUTHORIZATION

I understand I have a right to receive and review the Special Tax Notice Regarding Plan Payments no less than 30 days and no more than 180 days prior to this distribution. However, if I elect to receive this distribution before the end of the 30-day minimum notice period, this election shall constitute a waiver of my rights to the 30-day notice requirement. I attest that the information provided on this form is true. I understand that I may be subject to civil and criminal liability for any false statement on this form. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

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

*When faxing paperwork, please allow two hours from receipt for it to be processed.
If your fax is sent after 3 p.m. your paperwork will be processed on the next business day.*