



TAX WITHHOLDING CHANGE REQUEST

PERSONAL DATA

Name (Please Print)

Last 4 of SSN/Account Number

Home Address

Date of Birth

City

State

Zip

Home Telephone Number

Employer or Former Employer

Work Telephone Number

INSTRUCTIONS

Please Choose One or Both:

Federal Withholding (Indicate your distribution method by choosing option A or B.)

A. **I am taking periodic payments of less than ten years, a full withdrawal or a partial withdrawal.**

The IRS requires the Plan to withhold 20% of the distribution. If you want the Plan to withhold a greater amount, please indicate that amount below:

_____% (any a whole percentage above 20%)

OR

B. **I am taking period payments of 10 years or longer or a Required Minimum Distribution.**

The IRS does not require a specific withholding rate. A rate of 10% will be withheld unless you choose a different option below:

Please do not withhold taxes.

I request a withholding rate of more than 10%: _____% (any whole percentage above 10%)

State Withholding

The Plan is not required to withhold for state income taxes. If you want a portion of your distribution withheld for state income taxes, please complete the following:

I request a withholding rate of _____% for the State of: _____.

AUTHORIZATION

I understand that the execution of this form and delivery thereof to the New York State Deferred Compensation Plan revokes any prior income tax withholding instructions I have made.

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.