



REQUIRED MINIMUM DISTRIBUTION RETURN

PERSONAL DATA

Name (Please Print) _____ Account Number (preferred) or Last 4 of SSN _____

Primary Address _____ Date of Birth _____

City _____ State _____ ZIP _____ Primary Phone _____

Primary Email _____

TEMPORARY CHANGES TO RMD RULES PER THE CARES ACT

You may return to your plan account the rollover eligible RMD(s) that have been paid out to you. This includes 2019 deferred RMDs. For all returned RMDs:

- The rollover will be effective as of the date the check to pay back the RMD and this completed form have both been received in good order;
- You may rollover any amount up to and including the total RMD received since Feb 1, 2020 for the current tax year or as a deferral of 2019 RMD where applicable.

RMD RETURN/ROLLOVER OPTIONS (SELECT ONE)

- I am enclosing a personal check to rollover eligible payments that I have received this year from my plan account to satisfy my 2020 RMD or deferred 2019 RMD where applicable.
- I am enclosing a personal check to rollover eligible RMD distributions made from another eligible retirement plan.

PREVIOUS PLAN ADMINISTRATOR INFORMATION

Complete this section if you are rolling over an eligible RMD distribution made from another eligible retirement plan.

Previous Plan Administrator _____ Previous Plan Account Number _____

Previous Plan Address _____

City _____ State _____ ZIP _____

Previous Plan Type: 401(a) 401(k) 403(b) 457(b) TSP
 401(a) Roth 401(k) Roth 403(b) Roth 457(b) Roth Non-Roth IRA (Traditional or SEP)

NOTE: Roth and After-Tax IRAs may not be transferred into your NYSDCP account.

ASSET ALLOCATION INFORMATION

You may allocate your funds among the following investment options:

- According to my current allocation to the Plan.
- 100% to the Stable Income Fund
- Other – Please attach written instructions

ACKNOWLEDGMENT AND AUTHORIZATION

By returning this form, I acknowledge that I am electing to waive my entire Required Minimum Distribution for the year 2020, per allowance in the CARES Act. I am providing payment back to NYSDCP for rollover eligible 2020 RMD amounts received, and requesting it to be redeposited into my NYSDCP account. I understand that any payments NYSDCP receives for RMD amounts that are: (1) not eligible for redeposit; or (2) above the required minimum amount for RMD, are excluded from being paid back to my account and will be returned to me.

The New York State Deferred Compensation Plan accepts direct rollovers from the above specified retirement plans and traditional IRA's. I understand that the assets transferred to the New York State Deferred Compensation Plan pursuant to this application will be invested as indicated on the Asset Allocation Information section with this application. If the Asset Allocation Information section is not completed, the assets transferred to the Plan pursuant to this application will be invested according to my current deferral allocation as provided on the Plan's records, even if I am not currently making deferrals to the Plan or am separated from service. I understand that my deferral allocation of record may not necessarily be the same as my current investment balance by investment option. My current deferral information may be determined through the Plan's HELPLINE at 1-800-422-8463 or on the Plan Web site, www.nysdcp.com. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

I request this amount be redeposited to my account in accordance with the terms stated above.

Participant Signature

Date

SUBMISSION INSTRUCTIONS

Send check and completed form by mail:

New York State Deferred Compensation Plan
75 Remittance Drive, Dept. 6771
Chicago, IL 60675-6771

Make check payable to: NYSDCP