

INCOMING ROLLOVER

DIRECTIONS

To make your rollover to the Plan easier:

- **The Plan requires you to include a copy of a recent statement from the previous provider. This allows us to confirm the previous plan type, provider address and any necessary account numbers.**
- Contact the previous provider to determine if plan-specific forms are required in addition to our form, and if a Medallion Signature Guarantee is required. In addition, you may want to ask about any transfer restrictions including redemption fees and transfer charges.
- If you are transferring a Roth 457(b) plan, please provide the date the account was originally established. This date is used to track your five-year holding period, which determines income tax treatment.

Upon receipt of your completed form, the New York State Deferred Compensation Plan will send a letter of acceptance to the previous provider instructing them to issue a check to the Plan's trustee.

PERSONAL DATA

Name (Please Print)	Last 4 Digits of SSN/Account Number
Home Address	Date of Birth
City State Zip	Home Telephone Number
Employer	Work Telephone Number

PREVIOUS PLAN ADMINISTRATOR INFORMATION

Previous Plan Administrator	Previous Plan Account Number
Previous Plan Address	
City State Zip Code	
Check Plan Type: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> TSP <input type="checkbox"/> Non-Roth IRA (Traditional or SEP) <input type="checkbox"/> 401(a) Roth <input type="checkbox"/> 401(k) Roth <input type="checkbox"/> 403(b) Roth <input type="checkbox"/> 457(b) Roth	

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

Please select Direct or Indirect Transfer below:

- A direct transfer of my assets to the Plan.**

The Plan's Administrative Service Agency will contact your prior administrator to complete the rollover if this application is not accompanied by a check from your prior administrator.

- An indirect transfer of assets that were distributed to me.**

The Plan will accept indirect rollovers when the amount to be deposited in your Plan Account:

1. Is a distribution that you received that is an eligible rollover distribution (e.g. a lump sum payment, one of a series of payments to be made in less than ten years),
2. Is equal to or less than the amount paid to you from your prior administrator, plus any income tax withheld, and
3. Was paid to you no more than 60 days prior to deposit in the Plan.

(Asset Allocation Information & Authorization on the reverse side)

INCOMING ROTH FUNDS

Date the Roth Account was established: _____
The amount of basis included with the Incoming Roth assets: _____

ASSET ALLOCATION INFORMATION

You may allocate your rollover 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

ROLLOVER AMOUNT

- Full account value
- Partial account value \$ _____

AUTHORIZATION

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.

Participant Signature

Date

I am returning the form and supporting paperwork **only**.

Please return to:
New York State Deferred Compensation Plan
P.O. Box 182797
Columbus, Ohio 43218

I am returning the form **with a direct or indirect rollover check**.

Please make the check payable and return to:
New York State Deferred Compensation Plan
75 Remittance Drive, Dept. 6771
Chicago, Illinois 60675-6771

Medallion Signature Guarantee Stamp*

****This may be obtained at a commercial bank. Your current provider may require this signature, and your rollover may be delayed if this is not completed.***



**NYSDCP MAKES A DIFFERENCE!
WWW.NYSDCP.COM
HELPLINE: 1-800-422-8463**