



Deferred Compensation Plan Change Form

(212) 306-7760 TTY (212) 306-7707
 1-888-DCP-3113 (outside NYC)
 Web site: nyc.gov/deferredcomp

Please Print (black ink preferred)

DO NOT WRITE IN THIS BOX

Agency Payroll Code			

Mail (do not fax) completed form to: DEFERRED COMPENSATION PLAN
 Bowling Green Station, P.O. Box 93
 New York, New York 10274-0093

1 Mark (x) ALL That Apply: (See page 2 for explanation.)

- 457 Plan Account Change 401(k) Plan Account Change 401(k) Plan Special Rollover Account Change

2 Change: PLEASE NOTE: THIS IS NOT AN ENROLLMENT FORM - SEE PAGE 2 FOR ENROLLMENT INSTRUCTIONS.

- Address (complete sections 3 and 7) Check this box if you would like a Reminder PIN sent to you.
 Agency/Payroll Code (complete sections 3 and 7) Check this box if you have an outstanding loan
 Name - attach documentation (complete sections 3, 4 and 7)
 Social Security Number - attach documentation (complete sections 3, 5 and 7)
 Beneficiary Election including Beneficiary Address Changes (complete sections 3, 6, 7, and 8) **This type of change may require this form to be notarized.**

3 Participant Information

Social Security Number	Date of Birth (MM/DD/YY)	Area Code	Home Telephone	Area Code	Work Telephone	
Last Name as it currently appears on your account				First Name as it currently appears on your account		M.I.
Home Mailing Address - Number and Street					Apt. No.	
City			State	Zip Code + Four	+	

Please Check One Managerial Uniformed Force Civilian Non-Managerial

Agency Name (Not Division) (Cuny employees: please specify name of school)

4 Name Change: Attach copy of marriage certificate or divorce decree

New Last Name	New First Name	M.I.

5 Social Security Number Change : Attach copy of new Social Security card and driver's license or photo identification

Social Security Number as it currently appears on your account:

6 Beneficiary Election:

I name the following beneficiary(ies) to receive my Deferred Compensation Plan account balance in the event of my death. If more than one beneficiary is named, payment will be made in equal shares to the surviving beneficiaries, unless specified otherwise.

Please check this box if you are attaching a list of additional beneficiaries on a separate piece of paper.

1st	This Beneficiary is (check one)	Status (refer to page 2 for explanation)	Beneficiary's Social Security Number
	<input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Beneficiary's (or Successor Trustee's) Last Name (Include additional information below.)		Beneficiary's (or Successor Trustee's) First Name	
Beneficiary's (or Successor Trustee's) Home Mailing Address - Number and Street			Apt. No.
City		State	Zip Code + Four
Percentage to be received	Relationship:	Additional Trust or Charity/Organization Information	
	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Other		

SECTION 1 PLAN ACCOUNTS

If you have more than one Plan account, check each account for which the change(s) on the form should apply. Use another Change Form if you wish to designate different beneficiaries for each account.

SECTION 2 ENROLLMENT INSTRUCTIONS

You can enroll in the 457 Plan or the 401(k) Plan electronically by either visiting the Plan's Web site at nyc.gov/deferredcomp or via the telephone by calling (212) 306-7760 and pressing 1 for KeyTalk®. Electronic enrollment is a two-step process:

First, you must request enrollment materials which include the Summary Guide of 457 & 401(k) Plan Provisions and an Investment Planning video. These items will be mailed to the address on file with payroll and can be ordered online or through the telephone. Upon requesting enrollment materials, a Personal Identification Number (PIN) will be generated and mailed to you.

Once you receive these items, you can enroll online or through the telephone. You will need your Social Security number along with the assigned PIN in order to enroll.

You can also obtain an Enrollment Form by calling (212) 306-7760 or by visiting the Plan's Web site at nyc.gov/deferredcomp. If you would like to set up a 401(k) Plan Special Rollover Account, please contact the Plan's Administrative Office directly for the appropriate form.

DEFERRAL PERCENTAGE CHANGES AND INVESTMENT CHANGES

You cannot use this form to make deferral percentage changes or investment changes (allocation changes and account transfers). To make these types of account changes, you must access the Plan's Web site at nyc.gov/deferredcomp or KeyTalk® through the Plan's automated telephone voice response system at (212) 306-7760 (or (888) DCP-3113 if you are calling from outside NYC). Your Personal Identification Number (PIN) will be required in order to access your account.

SECTION 3 PARTICIPANT INFORMATION

Address changes will apply to all plans you might have (457, 401(k), 401(k) Special Rollover, and NYCE IRA).

SECTION 6 BENEFICIARY ELECTION

This form must be notarized if you are changing a beneficiary, adding a beneficiary, or changing the percentage a beneficiary is to receive. This form does not have to be notarized (see section 8 STATEMENT OF NOTARY on page 4) if you are changing the address of an existing beneficiary.

If you are naming a person as your beneficiary, you should select "A Person" in the first box, even if your beneficiary is a minor child. Do not select "A Trust" unless you have already created the trust (or arranged for one to be created under your will). The Plan cannot establish a trust for you.

You must name a beneficiary when you enroll. If you die, your account balance or remaining payments will be paid in this order:

1. To your surviving primary beneficiary(ies);
2. If there are no surviving primary beneficiaries, to your surviving contingent beneficiaries;
3. If there are no surviving primary or contingent beneficiaries, to your surviving spouse;
4. If there is no surviving spouse, to your estate.

You may designate more than one primary beneficiary. You must also indicate the percentage you wish each primary beneficiary to receive upon your death. The total must equal 100%. You may also designate more than one contingent beneficiary. The percentages you wish each contingent beneficiary to receive upon your death must also total 100%. For example, you elect two primary beneficiaries and specify that each primary should receive 50% of your account balance upon your death. You also elect three contingent beneficiaries and specify that one contingent should receive 50% and the other two should receive 25% each (totaling 100%). The contingent beneficiaries will only receive your account in the event there are no surviving primary beneficiaries.

Please note that if you are participating in both the 457 Plan and the 401(k) Plan, changing beneficiaries in one plan will not effect changes in the other plan, unless you indicate otherwise in section 1 of the Change Form.

Employee's Social Security Number

2nd	This Beneficiary is (check one)	Status (refer to page 2 for explanation)	Beneficiary's Social Security Number
	<input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
Beneficiary's (or Successor Trustee's) Last Name (Include additional information below.)		Beneficiary's (or Successor Trustee's) First Name	
_____		_____ M.I.	
Beneficiary's (or Successor Trustee's) Home Mailing Address - Number and Street			Apt. No.
_____			_____
City		State	Zip Code + Four
_____		_____	_____ + _____
Percentage to be received	Relationship:	Additional Trust or Charity/Organization Information	
_____ %	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Other	_____	

3rd	This Beneficiary is (check one)	Status (refer to page 2 for explanation)	Beneficiary's Social Security Number
	<input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
Beneficiary's (or Successor Trustee's) Last Name (Include additional information below.)		Beneficiary's (or Successor Trustee's) First Name	
_____		_____ M.I.	
Beneficiary's (or Successor Trustee's) Home Mailing Address - Number and Street			Apt. No.
_____			_____
City		State	Zip Code + Four
_____		_____	_____ + _____
Percentage to be received	Relationship:	Additional Trust or Charity/Organization Information	
_____ %	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Other	_____	

4th	This Beneficiary is (check one)	Status (refer to page 2 for explanation)	Beneficiary's Social Security Number
	<input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
Beneficiary's (or Successor Trustee's) Last Name (Include additional information below.)		Beneficiary's (or Successor Trustee's) First Name	
_____		_____ M.I.	
Beneficiary's (or Successor Trustee's) Home Mailing Address - Number and Street			Apt. No.
_____			_____
City		State	Zip Code + Four
_____		_____	_____ + _____
Percentage to be received	Relationship:	Additional Trust or Charity/Organization Information	
_____ %	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Other	_____	

5th	This Beneficiary is (check one)	Status (refer to page 2 for explanation)	Beneficiary's Social Security Number
	<input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
Beneficiary's (or Successor Trustee's) Last Name (Include additional information below.)		Beneficiary's (or Successor Trustee's) First Name	
_____		_____ M.I.	
Beneficiary's (or Successor Trustee's) Home Mailing Address - Number and Street			Apt. No.
_____			_____
City		State	Zip Code + Four
_____		_____	_____ + _____
Percentage to be received	Relationship:	Additional Trust or Charity/Organization Information	
_____ %	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Other	_____	

Please sign form below section 7 YOUR SIGNATURE. This form must be notarized (section 8 STATEMENT OF NOTARY) if you are changing a beneficiary, adding a beneficiary, or changing the percentage a beneficiary is to receive. This form does not have to be notarized if you are changing the address of an existing beneficiary.

7 Your Signature: I wish to effect the changes noted above in the Deferred Compensation Plan. I affirm that the information is true and accurate.

Signature: _____ Date: _____ / _____ / _____

Employee's Social Security Number

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8 Statement of Notary:

This form must be notarized if you are changing a beneficiary, adding a beneficiary, or changing the percentage a beneficiary is to receive. This form does not have to be notarized if you are changing the address of an existing beneficiary.

State of _____)

) SS.:

County of _____)

On _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

(Signature and office of individual taking acknowledgment)

Do Not Write in This Box	Initial	Date	PMS Document #	Effective Date (MM/DD/YYYY)
	DCP Database			
	Payroll			