



**DEFERRED COMPENSATION PLAN
IN-SERVICE DISTRIBUTION FORM
PURCHASE OF PERMISSIVE SERVICE CREDITS**

(212) 306-7760 TTY (212) 306-7707 (888) DCP-3113 (Outside NYC)
nyc.gov/deferredcomp



Please Print - Black Ink Preferred

I. PARTICIPANT INFORMATION

Participant ID or Last 4 Digits of SSN	Date of Birth (MM/DD/YY)	(Area Code) Home Phone No.	(Area Code) Work Telephone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		First Name	
<input type="text"/>		<input type="text"/>	
Home Mailing Address - Number and Street			Apt. No.
<input type="text"/>			<input type="text"/>
City	State	Zip code + Four	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Agency Name (Not Division):			
<input type="text"/>			

II. RETIREMENT SYSTEM INFORMATION

NYCERS NYPD FDNY BERS TRS Other: _____

Your Retirement System Membership/Registration Number: _____

If you specified Other above, please complete the following:

Retirement System Address - Number and Street

City State Zip code + Four

III. PAYMENT

Select only one: Pre-Tax 457 - or - Pre-Tax 401(k) Complete a separate form if you wish funds to come from more than one plan.
I wish to transfer the following dollar amount from my Deferred Compensation Plan to my retirement system for the purpose of purchasing retirement service credit: \$ _____

IV. AUTHORIZATION AND SIGNATURE

I authorize the City of New York Deferred Compensation Plan to transfer the funds from my Deferred Compensation Plan Account noted above to the indicated retirement system for the purchase of prior service credit. I understand that payment will be made directly to my retirement system and not to me and that the money will be taken proportionately from my investments. I further understand that I have directed the City of New York and its recordkeeper to act on my request to withdraw money from my Deferred Compensation Plan account and neither the City of New York nor its recordkeeper will be liable for any loss due to market fluctuations while implementing such request.

Signature: _____ Date:

Please note: This form and the retirement system buyback statement must be received by the Plan's Administrative Office at least **15 days prior to the payment due date** to provide sufficient processing time. Please return this form and your pension buyback statement to:

Deferred Compensation Plan
Bowling Green Station, P.O. Box 93
New York, NY 10274-0093

DO NOT WRITE IN THIS BOX - OFFICE USE ONLY		
Lump Sum Event Number	Date Processed	Processed By
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Authorized	Authorized By	
<input type="text"/>	<input type="text"/>	