



DEFERRED COMPENSATION PLAN 457/401(K) IN-PLAN TRANSFER FORM

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



Please Print - Black Ink Preferred

I. PERSONAL INFORMATION

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

II. TYPE OF REQUEST

- Transfer:** Converts monies **not** eligible for distribution
- Rollover:** Converts monies eligible for distribution

III. TRANSFER/ROLLOVER REQUEST INFORMATION

A. Please check Plan below (complete a separate form for each Plan).

- 457 In-Plan Transfer/Rollover:** This form represents an eligible conversion of your Pre-tax 457 funds to Roth 457 funds.
- 401(k) In-Plan Transfer/Rollover:** This form represents an eligible conversion of your Pre-tax 401(k) funds to Roth 401(k) funds.

B. Please indicate the amount of Pre-tax assets to be transferred to Roth. *(Check only one.)

- Percentage to be transferred:** _____ %
- Dollar amount to be transferred:** \$ _____

* PLEASE NOTE THAT THE ASSETS TRANSFERRED WILL BE PRORATED FROM ALL INVESTMENT OPTIONS.

IV. AUTHORIZATION AND SIGNATURE (Sign in the presence of a Notary Public)

I understand that this transfer will be automatically prorated against all of my available Pre-tax contribution sources in the Plan specified above. If I have Pre-tax assets in the Self-Directed Brokerage Account (SDB) and would like them to be converted to Roth money pursuant to this request, it is my responsibility to liquidate securities and transfer the cash from my SDB account to my core investment options prior to this request.

I understand that my account assets subject to this request will be out of the market for one (1) business day, and units of the percent/amount requested above will be sold on one business day and will be purchased in the same investment option(s) effective on the following business day.

I understand that:

- The taxable portion of this entire transfer will be subject to federal and state income taxes and that I am responsible for the payment of the applicable taxes.
- I am liable for any income tax assessed by the IRS and state tax authority for this election.
- Income taxes will **not** be withheld from this transfer, and that I am responsible for making quarterly federal and state (if applicable) estimated tax payments, if any, to avoid any potential underpayment penalties.
- This taxable transfer will be reported on IRS Form 1099-R.
- The Internal Revenue Code 10% early withdrawal penalty will not apply to this transfer.
- I should consult with my tax advisor for assistance with my request before signing this form.

Participant ID or Last Four Digits of SSN										
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I understand that my participation in the Deferred Compensation Plan is governed by the applicable Plan Document, the Internal Revenue Code, and state and local laws and regulations. Administrative charges are currently \$20.00 per quarter in the Deferred Compensation Plan. In addition, the Plan's investment funds are assessed an annualized administrative fee of .0004.

I understand that I can obtain information about the Plan's investment options by contacting the Plan's Administrative Office at (212) 306-7760 or by visiting the Plan's website at nyc.gov/deferredcomp.

My signature indicates that I have read and understand the effect of my election and agree to this form. I affirm that all information provided is true and accurate.

Signature (Sign in the presence of a Notary Public)	Date*								
	<table border="1"> <tr> <td></td> <td></td> <td>/</td> <td></td> <td></td> <td>/</td> <td></td> <td></td> </tr> </table>			/			/		
		/			/				

* The date you sign the form must match the date on which the signature is notarized

V. STATEMENT OF NOTARY - TO BE COMPLETED BY NOTARY (Notary seal must be visible/legible)

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

Mail (***do not fax***) completed from to:
 Deferred Compensation Plan
 Bowling Green Station, P.O. Box 93
 New York, NY 10274-0093

OFFICE USE ONLY DO NOT WRITE IN THIS BOX		Initial	Date				Effective Date				
	Processor			/		/		/		/	
	Authorizer			/		/		/		/	