



DEFERRED COMPENSATION 457, 401(k) & 401(a)
REQUIRED MINIMUM DISTRIBUTION (RMD) FORM



nyc.gov/deferredcomp (212) 306-7760

- Please Print - Black Ink Preferred -

Complete this form only if you are age 72 or older and intend to request the minimum withdrawal required.

Please allow approximately 30 days from receipt of this form for your distribution request to be processed.

When you retire, the IRS generally requires you to start taking required minimum distribution (RMD) payouts from your Deferred Compensation Plan account by April 1st in the year after you turn 72.

I. Personal Information If you live outside the U.S., please provide proof of citizenship and submit IRS Form W9 with this form.

Form fields for personal information including Participant ID, Date of Birth, Area Code, Daytime Phone Number, Mobile Phone Number, Last Name, First Name, MI, Home Mailing Address, City, State, ZIP Code, E-mail Address, Date of Severance, and Former Agency Name.

*Severance is defined as retirement or being off City payroll and does not include leaves of absence such as terminal leave, child care leave, sick leave, unpaid leave, workers' compensation, etc.

Distribution request from my (Choose only one from choices 1 - 4 below. Please complete a separate form for each Plan and Money type.):

- 1) 457 Plan: Pre-tax or Roth Specify account type: 01 02
2) 401(k) Plan: Pre-tax or Roth Specify account type: 03 04
3) 401(k) Plan Special Rollover Account (account type: 05)
4) 401(a) Plan (account type: 06)

Check here if you have a loan that you wish to offset.

II. Distribution Information - Check one below:

- Required Minimum Distribution (RMD) - Based on my life expectancy according to the Uniform Life Table
Required Minimum Distribution (RMD) with Joint Life Expectancy of me and my spouse - Based on the Joint and Last Survivor Table

Note: If your spouse is more than 10 years younger than you, and your spouse is your sole primary beneficiary, your distribution will automatically be based on a joint and survivor calculation using the Ordinary Joint Life and Last Survivor Annuities Table.

Form fields for spouse information including Spouse's Last Name, Spouse's First Name, MI, Spouse's Date of Birth, and Spouse's Social Security Number.

III. RMD Preferences (If no start date is provided, your RMD will be processed as soon as possible and all subsequent payments will process on the same date.)

- 1. Start Date: (mm/yyyy) Enter a date within the next 90 days.
One Time Payment of Current Year RMD
One Time Payment of Grace RMD
Recurring Installments: Monthly Quarterly Semi-Annually Annually
2. Source Type*: Pre-tax (default) or Roth
3. Investment Options: Prorated from all investments (default) or to be taken from the following single investment option:

DO NOT MAIL THIS FORM

Please submit your completed form via email to NEWYRK@VOYAPLANS.com
Please only include the last 4 digits of your Social Security number on all pages of this form.
Forms can also be faxed to 844-299-2362



IV. Payment Method - A check will be issued if no selection is made.

Attach a preprinted VOIDED check here

Check - Allow 7-10 business days from process date for delivery.

Electronic Fund Transfer (EFT): You must include a voided check if your distribution is being sent to your checking account. If distribution is being sent to your savings account, attach a letter on financial institution letterhead, signed by a representative of the financial institution, that includes payee's name, savings account number and ABA routing number. EFT is available at no charge. You can only have one account for EFT on file with the Plan at a time.

Note: You must be a named person on the account. You may not designate a business account, brokerage account, or an IRA.

Checking Account (Attached VOIDED check. We cannot accept a deposit slip or starter check.)

Savings Account

UNITED STATES FINANCIAL INSTITUTION	ACCOUNT NUMBER	ABA NUMBER
ADDRESS		
CITY	STATE	ZIP CODE

V. Tax Withholding

Federal Tax Withholding - Note: US citizens or residents residing abroad will be taxed at 30% for federal tax withholding unless they submit an IRS Form W9.

- For Required Minimum Distributions, the IRS does not require a specific withholding rate. The Plan will withhold 10% unless you choose a rate below:
 - Please do not withhold taxes
 - Other – please indicate higher percentage amount _____ % (must be a whole percentage)
- Non-Qualified Roth 457 and Roth 401(k) Federal Tax Withholding** (See Distribution Guide for explanation regarding non-qualified distributions.)
 - Other – please indicate higher percentage amount _____ % (must be a whole percentage above 20%). If left blank 20% will be withheld.

State Tax Withholding

The Plan is not required to withhold income taxes for all states. If you want a portion of your distribution withheld for state income taxes, please complete the following:

- I request a withholding rate of _____ % for the state of residency (must be a whole percentage).
- Please note that if you reside in a state that mandates state tax withholding, that mandatory amount will be withheld.

VI. Signature (Sign and date in the presence of Notary Public)

I have read and understand The New York City Deferred Compensation Plan Distribution Guide. This guide is provided to Plan participants in order to satisfy Section 402(f) Special Tax Notice of the Internal Revenue Code. I also understand that the Plan reserves the right to recover any amounts erroneously credited to my account. I affirm that all information I have provided on this form is true and correct.

SIGNATURE (SIGN IN THE PRESENCE OF A NOTARY PUBLIC)

DATE

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This form must be notarized before it will be processed by the Plan's Administrative Office. If this form is being notarized outside of the United States, notarization must be performed by the U.S. Consulate.

VII. Statement of Notary To Be Completed by Notary (Notary seal must be visible/legible)

State of _____)
) SS.:
 County of _____)

On _____ Date * before me, the undersigned, personally appeared _____ Participant's Name
 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

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