This form is used to cancel your distribution/rollover from your 457 or 401(k) account or your withdrawal from your NYCE IRA. This is a time-sensitive request and must be received by the Plan no later than seven business days before the Plan’s recordkeeper is scheduled to issue a check. Please return this form to the address below, or fax to (212) 306-7399, as soon as possible.

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YY)

AREA CODE

DAYTIME TELEPHONE NO.

LAST NAME

FIRST NAME

MI

HOME MAILING ADDRESS - NUMBER AND STREET

APT. NO.

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

PLEASE CANCEL

q ROLLOVER

q DIRECT PAYMENT

q BOTH

FROM THE PLAN(S) BELOW

q 457 Plan: q Pre-Tax or q Roth or q Both

q 401(k) Plan: q Pre-Tax or q Roth or q Both

q 401(k) Plan Special Rollover Account

q NYCE IRA

q Roth NYCE IRA

AUTHORIZATION AND SIGNATURE

I have read and understand The New York City Deferred Compensation Plan Distribution Guide and/or the NYCE IRA Brochure. I understand that by submission of this form, I am authorizing Voya, the Plan’s recordkeeper, to cancel my current above referenced distribution request, and neither Voya, the Plan nor the City of New York will be liable for any loss as a result of implementing this cancellation.

Signature: ___________________________ Date: __________/________/________

Please return to: Deferred Compensation Plan / NYCE IRA
ATTN: Distribution Unit
Bowling Green Station
P.O. Box 93
New York, NY 10274-0093

Or fax to: (212) 306-7399 Attn: Distribution Unit

OFFICE USE ONLY

UNIT INITIAL DATE

OPERATIONS

DISTRIBUTIONS

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