



DEFERRED COMPENSATION PLAN & NYCE IRA WITHDRAWAL CANCELLATION FORM



Please Print - Black Ink Preferred

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.
<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"/>	
E-MAIL ADDRESS			
<input type="text"/>			

PLEASE CANCEL ROLLOVER DIRECT PAYMENT BOTH FROM THE PLAN(S) BELOW

- 457 Plan: Pre-Tax or Roth or Both
- 401(k) Plan: Pre-Tax or Roth or Both
- 401(k) Plan Special Rollover Account
- NYCE IRA
- 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		<input type="text"/>
DISTRIBUTIONS		<input type="text"/>

