New York State
Deferred Compensation Plan
A Plan for Your Future

HELPLINE: 1-800-422-8463
WWW.NYSDCP.COM

INCOMING EMPLOYER PLAN DIRECT ROLLOVER

DIRECTIONS

To make your rollover to the Plan easier, we suggest the following:

- Enclose a copy of your most recent statement from the previous provider. This allows us to confirm the provider address and any necessary account numbers.
- Contact the previous provider to determine if plan specific forms are required in addition to our form, and if a Medallion Signature Guarantee is required. In addition, you may want to ask about any transfer restrictions including redemption fees and transfer charges.
- If you are transferring a Roth 457(b) plan, please provide the date the account was originally established. This date is used to track your five year holding period, which determines income tax treatment.

Upon receipt of your completed form, the New York State Deferred Compensation Plan will send a letter of acceptance to the previous provider instructing them to issue a check to the Plan's trustee.

PERSONAL DATA

Name (Please Print) _____ Social Security Number/Account Number _____

Home Address _____ Date of Birth _____

City _____ State _____ Zip _____ Home Telephone Number _____

Employer _____ Work Telephone Number _____

PREVIOUS EMPLOYER PLAN TRANSFER INFORMATION

Check Plan Type: ❑ 401(a) ❑ 401(k) ❑ 403(b) ❑ TSP ❑ 457(b) ❑ 457(b) Roth

Former Employer _____

Former Employer Address _____

City _____ State _____ Zip Code _____

Plan Administered By _____

Plan Address _____

City _____ State _____ Zip Code _____

Date Severed Employment _____ Account Number _____

Authorized Former Plan Representative _____ Phone Number _____

Signature of Authorized Plan Representative _____ Date _____

Note: An attached copy of a previous employer's termination letter can be accepted in lieu of an employer's signature.

(Asset Allocation Information & Authorization on the reverse side)

INCOMING ROTH FUNDS

Date the Roth Account was established: _____
The amount of basis included with the Incoming Roth assets: _____

ASSET ALLOCATION INFORMATION

You may allocate your rollover funds among the following investment options:

- ❑ According to my current allocation to the Plan.
- ❑ 100% to the Stable Income Fund
- ❑ Other – Please attach written instructions

ROLLOVER AMOUNT

- ❑ Full account value
- ❑ Partial account value $_____

AUTHORIZATION

The New York State Deferred Compensation Plan accepts direct rollovers from the above specified retirement plans and traditional IRA's. I understand that the assets transferred to the New York State Deferred Compensation Plan pursuant to this application will be invested as indicated on the Asset Allocation Information section with this application. If the Asset Allocation Information section is not completed, the assets transferred to the Plan pursuant to this application will be invested according to my current deferral allocation as provided on the Plan's records, even if I am not currently making deferrals to the Plan or are separated from service. I understand that my deferral allocation of record may not necessarily be the same as my current investment balance by investment option. My current deferral information may be determined through the Plan's HELPLINE at 1-800-422-8463 or on the Plan web site, www.nysdcp.com. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

_____ _____
Participant Signature Date

Make check payable to and return with form to:

New York State Deferred Compensation Plan
385 Jordan Road
Troy, NY 12180

_____
Medallion Signature Guarantee Stamp*
This may be obtained at a commercial bank. Your current provider may require this signature, and your rollover may be delayed if this is not completed.