



## ALTERNATE PAYEE BENEFIT DISTRIBUTION

### PERSONAL DATA

Name (Please Print)

Account Number (Preferred) OR  
Last 4 of SSN

Home Address

Date of Birth

City

State

Zip

Home Telephone Number

**This is a change to my home address of record. Please update my account accordingly.**

### DISTRIBUTION METHOD

- I am not required to receive a benefit payment at this time and I wish to defer payments until further notice. The distribution of funds will be deferred until the participant, from whose account the funds were transferred, separates from service or attains age 50, whichever comes first.

#### Distribution Setup

- Full Distribution:** If you are electing a Full Distribution of your Plan account, please check the box.

*Please proceed to the Direct Deposit section.*

- Partial Distribution:** Amount: \$ \_\_\_\_\_ Effective Upon Receipt. This can be done in combination with Periodic Payments.

- Periodic Payments: Please select one option only.**

a. Fixed Dollar Amount of \$ \_\_\_\_\_ OR Fixed Time Period of \_\_\_\_\_ years

b. Frequency:  Monthly  Quarterly  Semi-annually  Annually

c. Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) *If a start date is not provided, the distribution start date will be the date your request is processed and therefore all subsequent distributions will process on the same date.*

**Note:** If you are age 72 or older, you may be required to receive a Required Minimum Distribution (RMD). If you selected Periodic Payments and you do not satisfy your RMD, an additional check will be sent to you to meet your RMD prior to year-end.

- Life Expectancy Distributions:**

a. Frequency:  Monthly  Quarterly  Semi-annually  Annually

b. Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) *If a start date is not provided, the distribution start date will be the date your request is processed and therefore all subsequent distributions will process on the same date.*

**Note:** Uniform Life and Joint and Last Survivor Life Expectancy tables are prepared by the United States Department of the Treasury. Information regarding the life expectancy of a person of your age and situation can be obtained by calling the HELPLINE at 1-800-422-8463 and speaking to a Representative or Account Executive, or you can access the table on the Plan Web site at [www.nysdcp.com](http://www.nysdcp.com).

- Direct Rollover:** Must be Full Plan Account Balance. *Please proceed to Transfer Section*

**For Partial, Periodic, or Life Expectancy Distributions, please complete the items below:**

**Source Type:**  Pre-Tax (default),  Roth,  Rollover\*,  Prorated across All source types.

\*Denotes assets rolled into the Plan from another retirement plan.

**Please note:** Amounts withdrawn from Roth or Rollover sources may require an additional 10% withholding; which will only be applied if instructed on page 2.

**Investment Option:**  Prorated from All Investments (default),  Stable Income Fund only,

**Please note:** If the Stable Income Fund is selected but is unable to fully fund the request, the distribution will be prorated from all investments

STAPLE VOIDED CHECK HERE

**Direct Deposit** Please note: A check will be issued if this ACH information cannot be validated or if the funds are returned to us by your bank.

Check only one option:  Checking Account  Savings Account

\* Please note: You must include verification from your bank confirming your account number and ABA number (ex: voided check for checking account or letter from bank confirming savings account and ABA number).

Bank/Credit Union Name \_\_\_\_\_

Account Number \_\_\_\_\_

**ABA NUMBER** (First nine digits only) I: / / / / / / / / / / I:

Your ABA number appears at the bottom of your checks between the markings indicated above.

Bank or Credit Union Telephone Number: ( ) \_\_\_\_\_

**Note:** Direct Deposit is only offered through members of the Automatic Clearing House (ACH).

Is this account associated with a brokerage firm or other investment firm?  Yes  No

If yes, have you confirmed that the ABA and account numbers are correct?  Yes  No

## TAX WITHHOLDING

Please indicate your choice of Federal or State Income Tax Withholding

### Federal Withholding:

For amounts that are a Full Distribution, Partial Distribution, or Periodic Payments of less than 10 years.

The IRS requires the Plan to withhold 20% of the distribution. If you want the Plan to withhold an amount other than the required 20% please indicate below:

% Other (More than 20%)

For Periodic Payments of 10 years or longer, or amounts that will satisfy a Required Minimum Distribution.

The IRS **does not** require a specific withholding rate. Please indicate your tax withholding request below:

Default withholding 10%

% Other (any whole percentage, can be 0%)

Please do not withhold taxes

**State Withholding: REQUIRED Selection.** You must select **one option** below or your request will not be processable.

**Please note:** With either option where applicable the amount you select will be superseded by any mandatory state withholding requirements.

\*\*Select only **one option** that applies: (Exception: New Jersey residents must skip this section and proceed to next item below that references New Jersey)

I request a withholding rate of \$ \_\_\_\_\_ OR \_\_\_\_\_ %

(Whole percentage or Even dollar amounts only)

Please do not withhold state taxes

(Please note: **If you are a resident in a state that mandates state tax withholding at the time of processing that mandatory amount will be withheld even if you select this option**)

\*For New Jersey residents only\* I request a NJ state tax withholding of \$ \_\_\_\_\_ (Whole dollar amount required)

Transfer Assets to another Eligible Retirement Account

(This option is only available to the former spouse of a participant.)

\_\_\_\_\_  
Name of Employer or Sponsor

\_\_\_\_\_  
Make check payable to

\_\_\_\_\_  
For the benefit of

(Note: The check will be sent to the Alternate Payee Address on record with Administrative Service Agency)

## AUTHORIZATION

I understand I have a right to receive and review the Special Tax Notice Regarding Plan Payments no less than 30 days and no more than 180 days prior to this distribution. However, if I elect to receive this distribution before the end of the 30-day minimum notice period, this election shall constitute a waiver of my rights to the 30-day notice requirement.

I understand I have a right to receive and review the Special Tax Notice Regarding Plan Payments no less than 30 days and no more than 180 days prior to this distribution. However, if I elect to receive this distribution before the end of the 30-day minimum notice period, this election shall constitute a waiver of my rights to the 30-day notice requirement.

I hereby authorize the Plan's trustee to initiate such direct deposits from the Plan to the account referenced above with the financial institution named above. This authority will remain in effect until I have given the Plan written notice that I have terminated the above referenced account or until I have been notified that this deposit service has been terminated. I understand that I must give the Plan sufficient advance notice to allow for processing of these instructions. If an incorrect amount should be deposited into my account by the Plan, I authorize the Plan to direct my bank to make the appropriate credit or debit adjustment.

I understand that mutual funds may impose a short-term trade fee and that I should read the underlying prospectuses carefully for more information.

I have read the instructions and understand the requirements. I understand that I may be subject to civil and criminal liability for any false statements on this form or any papers attached to or related to this form or my claim under the Plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to: New York State Deferred Compensation Plan  
Administrative Service Agency  
P.O. Box 182797  
Columbus, OH 43218-2797

Overnight Address: New York State Deferred Compensation Plan  
Administrative Service Agency, DSPF-F2  
3400 Southpark Place, Suite A  
Grove City, OH 43123-4856

**OR** Fax to: 1-877-677-4329

*When faxing paperwork, please allow two hours for your form to be received.  
If your fax is sent after 3:00pm your paperwork will be filed on the next business day.*

