



DIRECT ROLLOVER TO ROTH IRA

PERSONAL DATA

Name (Please Print) _____

Account Number (Preferred)
OR Last 4 of SSN _____

Home Address _____

Date of Birth _____

City _____

State _____

Zip _____

Home Telephone Number _____

TRANSFER INFORMATION

Please Select Money Type:

All Pretax Roth Rollover*

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

Amount of Assets to be Transferred:

Transfer my full Plan Account balance

Transfer part of my Plan Account balance: \$ _____

Tax Withholding:

I elect to withhold _____ % for Federal Income taxes.

I elect to withhold state tax _____ (Whole % or \$)

(Please note: Where applicable this amount may be superceded by any mandatory state tax withholding requirements)

Financial Institution Information from the Accepting Rollover Institution:

If a money type is not selected, the requested amount will be taken pro-rata from all money sources.

I acknowledge that the individual named above has established a Roth IRA with our institution and that we will accept the funds into the account established on his or her behalf.

Name of Accepting Rollover Institution: _____

Make check payable to: _____

For benefit of: _____

Note: Check will be sent to the Participant address on record with the NYSDCP Administrative Service Agency

Note: Rollovers out of the Plan are released in check form only and are always sent to the participant's address on record with the Plan. The check will be made payable to the accepting financial institution for the benefit of (FBO) the participant and can only be cashed by that financial institution. It is the participant's responsibility to forward the rollover check to the accepting financial institution it is intended for.

I have read and understand the disclosures on the reverse of this form. Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.

Participant Signature _____

Date _____

Return to: New York State Deferred Compensation Plan
Administrative Service Agency
P.O. Box 182797
Columbus, OH 43218-2797
OR
Fax to: 1-877-677-4329

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

*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.*

IMPORTANT INFORMATION ABOUT YOUR ROLLOVER REQUEST

Date of Severance from Employment: _____

Tape Letter on file External – forward to Benefit Distribution

- ❖ Federal Income Taxes will be due for the year the direct rollover is made to your Roth IRA. **Income taxes will not be withheld from distributions paid as a direct rollover to a Roth IRA unless specifically requested.**
- ❖ No 10% early distribution penalty tax will be applied to funds rolled into the Roth IRA even if the distribution includes funds from other qualified plans and/or IRA's previously rolled to your NYSDCP account. However, if distributions are made from the Roth IRA within the five year period beginning with the tax year the rollover was made, these distributions may be subject to the penalty tax unless another exception applies.
- ❖ You should consult with your tax advisor prior to initiating a direct rollover to a Roth IRA. You should discuss the impact the additional income, without income tax withholding, will have on your tax situation and may wish to plan accordingly.

Please note: This information is of a general and informational nature and is NOT INTENDED TO CONSTITUTE LEGAL OR INVESTMENT ADVICE. Rather, it is provided as a means to inform you of current information regarding your rollover request. You are urged to consult your own counsel regarding this information.