



INTERNAL PLAN-TO-PLAN

PERSONAL DATA

Name (Please Print)			Last 4 of SSN/Account Number
Home Address			Date of Birth
City	State	Zip	Home Telephone Number

FORMER EMPLOYER PLAN INFORMATION

Separation from service date: ____/____/____ (Internal Use – Confirmation of Termination: _____)

Former Employer Name	State Agency Code/Local Employer ID Number*
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CURRENT EMPLOYER INFORMATION

Please note: An enrollment application must be submitted for your current employer before deferrals will begin.

New Hire Date: ____/____/____

Current Employer Name	State Agency Code/ Local Employer ID Number*
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Current Work Phone Number _____ **If you are unaware of this number, contact your payroll center or the HELPLINE.*

AUTHORIZATION

I understand that the assets transferred from my prior account with the New York State Deferred Compensation Plan pursuant to this application will be invested in the same manner as they were invested in my prior account. If my existing account has an active loan, I understand that it must be either paid in full or become a deemed distribution prior to the consolidation of the two accounts. Please note that if you have a Required Minimum Distribution for the current year that has not yet been satisfied, the Plan will distribute the required amount prior to the processing of your Internal Plan-to-Plan transfer.

Some mutual funds may impose a short-term trade fee. Please read the underlying prospectuses carefully.



Did you know? The Plan cannot process a Plan to Plan Transfer if you currently have a balance in the Self- Directed Brokerage Account (SDBA) at Charles Schwab. **If you utilize the SDBA please facilitate a trade of the remaining assets there back into this Plan prior to sending in this form**

Please select one of the options listed below:

- Transfer of Assets: By electing this option and combining these two accounts, I must wait until I separate from service with my current employer before I am entitled to take distributions.
- OR**
- Rollover of Assets: By electing to segregate the assets as a rollover, I understand that I will have access to them for a distribution without separating from service with my current employer. Any request for funds will be a taxable event in the year that the request was made.

Participant Signature _____ Date _____

Return to: New York State Deferred Compensation Plan
Administrative Service Agency
P.O. Box 182797
Columbus, OH 43218-2797
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 from receipt for it to be processed. If your fax is sent after 3 p.m. your paperwork will be processed on the next business day.

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