

ENROLLMENT APPLICATION

PERSONAL DATA

Male
 Female

Name (Please Print) _____ SSN _____

Home Address _____ Date of Birth _____

City _____ State _____ Zip _____ Home Telephone Number _____

Employer _____ Work Telephone Number _____

Email Address (Required – Please see eDelivery section for additional detail) _____ County of your Employer _____

New York State Employee ID Number* _____ Local Plan ID Number or State Department ID Code* _____

**If you are unaware of this number, please contact your Payroll Center or the HELPLINE as your enrollment cannot be completed without it. Department ID can also be found on your State Payout.*

DEFERRAL INFORMATION

If your employer is a local town, village, or school, please check with your payroll department or the HELPLINE to determine whether to request a deferral dollar amount or percentage. Also, if your employer is a school and utilizes OMNI as a third-party payroll administrator please contact OMNI to complete the enrollment of your deferral request.

You may select both Pre-tax and Roth. Maximum combined deferral percentage is 100%. **If you are paid through the State Comptroller, please enter a deferral PERCENTAGE.**

Pre-Tax Deferral: _____ % or \$: _____ **Roth Contributions:** _____ % or \$: _____
Your deferral cannot be less than 1% of your gross salary or less than \$10 per pay period.

BENEFICIARY DESIGNATION

Please complete all requested information for each of your primary and contingent beneficiaries. A person **may not** be listed as both a primary and contingent beneficiary. If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example, if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%.

- Primary Beneficiary(ies): A primary beneficiary is the person or persons who receive your Plan benefits in the event of your death.
- Contingent Beneficiary(ies): A contingent beneficiary is the person or persons who would receive your Plan benefits if all of your primary beneficiaries predecease you.

Primary Beneficiary (ies) (must be in whole percentages and total 100%)

Equal percentages for each primary beneficiary

Beneficiary Name _____	Relationship _____	Date of Birth _____	Social Security Number _____	_____% Percent
Beneficiary Name _____	Relationship _____	Date of Birth _____	Social Security Number _____	_____% Percent
Beneficiary Name _____	Relationship _____	Date of Birth _____	Social Security Number _____	_____% Percent
				Total = 100%

Contingent Beneficiary(ies) (must be in whole percentages and total 100%)

Equal percentages for each contingent beneficiary

Beneficiary Name _____	Relationship _____	Date of Birth _____	Social Security Number _____	_____% Percent
Beneficiary Name _____	Relationship _____	Date of Birth _____	Social Security Number _____	_____% Percent
				Total = 100%

EDELIVERY OPT OUT

By checking this box, I elect to receive my quarterly statements and other confirmations from the Plan by **regular mail**. I understand that by **not** checking this box, I elect eDelivery for quarterly statements, newsletters, investment performance reports and confirmations. With eDelivery, I will be emailed this information at the address provided under the Personal Data section when the information is posted to the Plan's Web site.

DEFERRAL ALLOCATION

Write the percentage you wish to allocate to each investment option. You may allocate your salary deferrals among any of the investment options listed below. The allocation of your contributions may be in any whole percentage and must total 100%.



DO IT FOR ME

The following investment options are professionally managed asset allocation funds based on your expected retirement date:

VRU#		VRU#	
_____ % (1776)	TRP Retirement Date 2010 Trust (CIT)	_____ % (1781)	TRP Retirement Date 2035 Trust (CIT)
_____ % (1777)	TRP Retirement Date 2015 Trust (CIT)	_____ % (1782)	TRP Retirement Date 2040 Trust (CIT)
_____ % (1778)	TRP Retirement Date 2020 Trust (CIT)	_____ % (1783)	TRP Retirement Date 2045 Trust (CIT)
_____ % (1779)	TRP Retirement Date 2025 Trust (CIT)	_____ % (1784)	TRP Retirement Date 2050 Trust (CIT)
_____ % (1780)	TRP Retirement Date 2030 Trust (CIT)	_____ % (1785)	TRP Retirement Date 2055 Trust (CIT)
		_____ % (1786)	TRP Retirement Date 2060 Trust (CIT)

The following core investment options permit participants to create their own asset allocation:



DO IT YOURSELF

_____ % (2756)	Stable Income Fund NYSDCP Stable Income Fund	_____ % (1790)	SMID Cap Funds NYSDCB Russell 2500 Index U/A (CIT)
_____ % (1788)	Bond Funds NYSDCB US Debt Index U/A (CIT)	_____ % (653)	Vanguard Strategic Equity Fund (MF)
_____ % (1794)	Voya Core Plus Trust Fund (CIT)	_____ % (1692)	Small Cap Funds Delaware Small-Cap Value Fund CL I (MF)
_____ % (8957)	Balanced Funds Vanguard Wellington Fund – Admiral (MF)	_____ % (1793)	T. Rowe Price QM US Small-Cap Growth Equity Fund CL I (MF)
_____ % (1789)	Large Cap Funds NYSDCB Equity Index U/A (CIT)	_____ % (5025)	International Funds NYSDCP International Equity Fund - Active
_____ % (1787)	Boston Partners Large-Cap Value Equity Fund (CIT)	_____ % (5030)	NYSDCP International Equity Fund - Passive
_____ % (1791)	T. Rowe Price Equity Income Trust (CIT)	_____ % (1458)	Emerging Markets MSIF Emerging Markets Portfolio – Institutional (MF)
_____ % (1792)	T. Rowe Price Blue Chip Growth Trust (CIT)	_____ % (1963)	Specialty Options Pax Environmental Global Markets Fund – Institutional (MF)
_____ % (2765)	Vanguard PRIMECAP Fund – Admiral (MF)	_____ % (1974)	Fidelity OTC Fund – K Shares (MF)

100 % (MUST TOTAL 100%)

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

AUTHORIZATION

I agree to the terms of the New York State Deferred Compensation Plan. I authorize my employer to deduct the amount or percentage set forth herein until I provide further notice for the purposes of contributing it to my Plan account. I further authorize my employer to process any deferral changes I request through the Plan in the future. Deferrals made by participants who are not New York State residents may be subject to the state income tax in the year deferred in their state of residence. Please read your state income tax instructions carefully.

Participant Signature _____

Date _____



ENROLLMENT APPLICATION

Welcome to the New York State Deferred Compensation Plan. The Plan is a voluntary, long-term retirement savings program designed for your retirement needs. The amount you contribute to the Plan is deducted from your pay and any investment returns grow on a tax-deferred basis.

Contributions to the Plan: The minimum contribution to the Plan is 1% of your gross pay (at least \$10 per pay period). The maximum contribution you may make in 2018 is \$18,500. If you are at least age 50 prior to the end of the current calendar year, you are eligible to contribute a maximum of \$24,500. If you are within four years of the date that you are able to retire without a reduction in pension benefits, you may be eligible to make additional contributions. Contact an Account Executive or HELPLINE Representative at 1-800-422-8463 for more information and the forms to use the higher limits.

Pre-Tax Deferrals: The amount you contribute to the Plan will be deducted from your pay on a pre-tax basis for federal and New York State income tax purposes, thereby reducing your taxable income for the calendar year. The investment returns also grow on a tax-deferred basis and income taxes are paid only when money is withdrawn from the Plan.

Roth Contributions: These deductions are made from your pay on an after-tax basis. Contributions grow tax deferred, but when money is distributed from the Plan, qualifying distributions are not subject to federal or New York State income taxes.

Processing Time Frame: Enrollments are processed upon receipt; however, federal law states that deferrals may not begin before the start of the next calendar month, unless you make your election prior to your first day of service. You may change or cancel your deferral amount at any time, but these changes may also be subject to these timing limits.

Next Steps: Please read the bullets below to understand the basics of the Plan and then complete your application.

I understand that:

- Withdrawals from the Plan may be taken only upon separation from employment, absence due to qualified military service, death, an unforeseeable financial emergency, attainment of age 70½, from an account that has been in inactive status for two years and has a balance of \$5,000 or less (inclusive of any outstanding loan balance but exclusive of assets in a rollover account) or as a loan.
- Participation in the Plan is not intended to replace a regular savings program necessary to cover day-to-day unanticipated financial expenses. Plan distributions for “Unforeseeable Financial Emergencies” are strictly regulated by federal laws. Should I need an unforeseeable emergency distribution, the request must be made in writing and detail the circumstances supporting the financial emergency. If my request is denied, I may appeal to the Review Committee.
- I may enroll in the Plan for the purpose of transferring assets from another 457(b) deferred compensation plan, a 403(b), 401(k), 401(a), Keogh plan, a traditional or rollover IRA without becoming an active participant.
- Unless I have opted for a paper statement, I will receive an email notification when my quarterly statement, Quarterly newsletter and investment performance report are available on the Web site. Please call the HELPLINE promptly with any changes.
- If my employer has opted to allow Roth contributions, contributions to the Roth account may not be reclassified after made. The investment allocation for Roth contributions will be the same as for any pre-tax deferrals. Distributions of Roth contributions must meet the same withdrawal requirements as pre-tax withdrawals.
- There is an administrative fee deducted from my Plan account on a semi-annual basis as outlined in the Plan’s Investment Options Guide. These fees are subject to change.

Information relating to the Plan or a copy of the Plan Document may be obtained by calling the HELPLINE at 1-800-422-8463 or visiting the Plan’s Web site at www.nysdcp.com.

Tips for Completing the Application

State Employees

If you are employed by a State Agency, please see the screen shot below to assist you with identifying the information necessary to complete the application.

This application will require you to include your five-digit Department ID, which is located on the upper left corner of your pay stub, and your NYS Employee ID that is listed next to the Department ID. If you do not have this information, your application cannot be processed.

Thomas P. DiNapoli State Comptroller		Negotiating Unit		Total Gross	Fed Taxable Gross
Advice #	68611589	Pay Start Date	03/01/2012	Current YTD	2,947.22
Advice Date	03/28/2012	Pay End Date	03/14/2012		2,947.24
Department ID	21220	NYS EEMPLID	N01302828	Net Pay	2,175.25
				Pay Rate	55,655.00

Local Employees

If you are employed by a city, town, or library system that contains its own payroll department, the application requires your Local Plan ID. This six-digit number can be obtained by contacting your payroll department or our HELPLINE at 1-800-422-8463.

Deferral Information

State Employees

When entering your deferral amount, you must provide a percentage of your gross pay. This percentage must be a whole number. If you need assistance calculating a percentage for your deferral, please contact our HELPLINE at 1-800-422-8463.

Local Employees

Before completing your application, please check with your employer or our HELPLINE to find out if your employer requires deferrals to be entered as a dollar amount or as a percentage.

100% Deferrals

Please note that if you elect a deferral rate of 100%, you are authorizing the Plan to deduct the remaining balance of your paycheck after all other required pre-tax deductions have been taken. If you are electing this deferral percentage for a lump sum payment to the Plan, it is important to contact the HELPLINE with the exact date of the lump sum payment.

FORM RETURN

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.*