



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 salary 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 2015 is \$18,000. If you are at least age 50 prior to the end of the current calendar year, you are eligible to contribute a maximum of \$24,000. If you are within four years of the date that you are eligible 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.

Pre-Tax Deferrals: The amount you contribute to the Plan can be deducted from your salary 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 The investment returns also grow on a tax-deferred basis and income taxes are paid only when money is withdrawn from the Plan.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, these qualifying distributions are not subject to federal or New York State income taxes.

Processing Time Frame: Enrollments are processed upon receipt; however, because of administrative processing, up to two payroll periods may elapse before deferrals begin. Also, 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.

All information requested in this application must be completed to assure timely processing. 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.
- There is an administrative fee deducted from my Plan account on a semi-annual basis as outlined in the Plan's Investment Options Guide.
- Participation in the Plan is not intended to replace a regular savings program necessary to cover day-to-day unanticipated financial expenses. The law regulating the Plan limits distributions for "Unforeseeable Financial Emergencies" to those that are related to events such as natural disaster, a sudden and unexpected illness or accident or other similar extraordinary and unforeseeable events beyond my control, involving myself, or my dependents or designated beneficiaries. 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 deferred compensation plan, a 403(b), 401(k), 401(a), Keogh plan, a traditional IRA or a conduit IRA without becoming an active participant.
- As long as I have provided an accurate email address and have not opted for a paper statement, I will receive an email notification that my quarterly statement, Quarterly newsletter and investment performance report are available on the Web site.
- If my employer has opted to allow Roth contributions, contributions to the Roth account may not be reclassified to pre-tax deferrals. The investment allocation for Roth contributions will be the same as for any pre-tax deferrals. Distributions of Roth contributions must meet the withdrawal requirements listed in the first bullet.

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.



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PERSONAL DATA

Male
 Female

Name (Please Print) _____ Social Security Number _____

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) _____ Local Plan ID Number or State Agency Code* _____

New York State Employee ID Number* _____ **If you are unaware of this number, please contact your Payroll Center or the HELPLINE as your enrollment cannot be completed without it.*

BENEFICIARY ELECTION

Please fill in the name, relationship, date of birth, and Social Security Number of each of your primary and contingent beneficiaries. Then indicate the percentage payable to each beneficiary. A person **may not** be listed as both a primary and contingent beneficiary

- Primary Beneficiary (ies): A primary beneficiary is the person or persons who are your first choice to 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 beneficiary (ies) predeceases you

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

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 = <u>100%</u>

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

Beneficiary Name	Relationship	Date of Birth	Social Security Number	_____% Percent
Beneficiary Name	Relationship	Date of Birth	Social Security Number	_____% Percent
				Total = <u>100%</u>

DEFERRAL INFORMATION

Your deferral cannot be less than 1% of your gross salary or less than \$10 per pay period. The maximum you may defer in 2015 is \$18,000. There are special provisions that may allow you to defer more than \$18,000 if you are age 50 or over or will become 50 years old in 2015, or if you are within four years of any age at which you may retire and immediately receive unreduced retirement benefits. If you have questions, please call the HELPLINE at 1-800-422-8463 or visit www.nysdcp.com for further information.

Please note that you do not have to select both types of deferrals. If you do select both, the total cannot exceed 100%. If your employer is a local town, village, or school, please check with your payroll department or the HELPLINE to determine whether to insert a deferral dollar amount or a percent. If you are paid through the State Comptroller, please enter a deferral percentage

Pre-Tax Deferral: _____ % (Whole percentages only) per pay period

Roth Contributions: _____ % (Whole percentages only) per pay period

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

<u>VRU#</u>		<u>VRU#</u>	
_____ %	(4505) TRP Retirement Date 2010	_____ %	(4510) TRP Retirement Date 2035
_____ %	(4506) TRP Retirement Date 2015	_____ %	(4511) TRP Retirement Date 2040
_____ %	(4507) TRP Retirement Date 2020	_____ %	(4512) TRP Retirement Date 2045
_____ %	(4508) TRP Retirement Date 2025	_____ %	(4513) TRP Retirement Date 2050
_____ %	(4509) TRP Retirement Date 2030	_____ %	(4514) TRP Retirement Date 2055

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

<u>Stable Income Fund</u>		<u>Mid Cap Funds</u>	
_____ %	(2756) Stable Income Fund	_____ %	(3224) Vanguard Capital Opportunity
_____ %	(4521) Federated Total Return Gov't Fund	_____ %	(8259) Vanguard Mid Cap Index
_____ %	(8261) Vanguard Total Bond Market Index		
<u>Bond Funds</u>		<u>Small Cap Funds</u>	
_____ %	(7298) PAX World Balanced	_____ %	(2696) Columbia Acorn USA
_____ %	(8957) Vanguard Wellington	_____ %	(2785) Federated Clover Small Value Fund
		_____ %	(5175) Vanguard Small Cap Index
<u>Balanced Funds</u>		_____ %	(4524) Wells Fargo Advantage Small Cap Fund
_____ %	(6451) Davis NY Venture Fund A		
_____ %	(3672) Fidelity OTC Portfolio	<u>International Funds</u>	
_____ %	(3679) Hartford Capital Appreciation	_____ %	(5025) International Equity Fund – Active Portfolio
_____ %	(4523) Principal Large Cap Growth	_____ %	(5030) International Equity Fund – Index Portfolio
_____ %	(8466) Vanguard Institutional Index		
_____ %	(7739) T. Rowe Price Equity Income	<u>Emerging Markets</u>	
_____ %	(2765) Vanguard Primecap	_____ %	(2766) MSIF Emerging Markets Portfolio
		<u>100</u> %	(MUST TOTAL 100%)

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

eDELIVERY OPT OUT

By checking this box, I elect to receive my quarterly statement, newsletter, and Investment Performance Report 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.

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 each pay period for the purposes of contributing it to my Plan account. I further authorize my employer to deduct any deferral changes I request through the Plan in the future. This agreement will continue until further notice by me. 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 _____

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

DC-4009-0815

OR Fax to: 1-877-677-4329

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.