



New York State  
Deferred Compensation Plan

*A Plan for Your Future*



# **ENROLLMENT APPLICATION**



## New York State Deferred Compensation Plan

*A Plan for Your Future*

Welcome to the New York State Deferred Compensation Plan (Plan). The Plan is a voluntary, long-term retirement savings program that allows you to save for your retirement needs. The amount you contribute to the Plan is deducted from your salary on a pre-tax basis for federal and New York state income tax purposes, and thereby reducing your taxable income. In addition, investment returns grow on a tax-deferred basis. Income taxes on your investments are paid only when money is withdrawn from the Plan.

The maximum contribution you may make in 2011 is \$16,500. The minimum contribution is 1% of your gross pay, but must also be at least \$10 per pay period. If you are age 50 or over or will become 50 years old prior to the end of the current calendar year, or 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. See your Account Executive or call the HELPLINE (1-800-422-8463) to speak to a HELPLINE Representative for more information.

Enrollments are processed upon receipt, however, because of administrative processing, up to two payroll periods may elapse before deferrals begin. You may change or cancel your deferral amount at any time, but these changes may also take up to two payroll periods to become effective.

### **All information requested by 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 70 ½, from an account that has been in inactive status for two years and has a balance, inclusive of any outstanding loan balance but exclusive of assets in a rollover account of less than \$5,000, or as a loan;
- There is an administrative and asset 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 withdrawals for "Unforeseeable Financial Emergencies" to those that are related to events such as a 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 withdrawal, the request must be 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 purposes 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 are available on the Website.

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 website at [www.nysdcp.com](http://www.nysdcp.com).



Account Executive #  
Internal Use Only

## ENROLLMENT APPLICATION

### 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 Paperless Statement section for additional detail) \_\_\_\_\_ Plan ID Number \_\_\_\_\_  
(For Local Employers only)

State Agency Code/Local Employer ID Number\* \_\_\_\_\_ \*If you are unaware of this number, please contact your Payroll Center or the HELPLINE

### 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) (**must be in whole percentages and total 100%**) 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) (**must be in whole percentages and total 100%**) 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
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
				<b>Total = 100%</b>

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

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

### 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 2011 is \$16,500. There are special provisions that may allow you to defer more than \$16,500 if you are age 50 or over or will become 50 years old in 2011, 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](http://www.nysdcp.com) for further information.

Deferral Percentage: \_\_\_\_\_% (Whole percentages only)

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 dollar amount or percent. If you are paid through the State Comptroller, please enter a percent.

**Please be advised that your deferral request may not be available due to other payroll deductions you may have. If you have questions, please call the HELPLINE or your Account Executive at 1-800-422-8463.**

## 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%.

**Tier I - The following investment options are professionally managed asset allocation funds based on your expected retirement date. (Note: Tiers are not related to the Retirement System)**

VRU#  
\_\_\_\_\_ % (4505) TRP Retirement Date 2010  
\_\_\_\_\_ % (4506) TRP Retirement Date 2015  
\_\_\_\_\_ % (4507) TRP Retirement Date 2020  
\_\_\_\_\_ % (4508) TRP Retirement Date 2025  
\_\_\_\_\_ % (4509) TRP Retirement Date 2030

VRU#  
\_\_\_\_\_ % (4510) TRP Retirement Date 2035  
\_\_\_\_\_ % (4511) TRP Retirement Date 2040  
\_\_\_\_\_ % (4512) TRP Retirement Date 2045  
\_\_\_\_\_ % (4513) TRP Retirement Date 2050  
\_\_\_\_\_ % (4514) TRP Retirement Date 2055

**Tier II - The following core investment options permit participants to create their own asset allocation.**

**Stable Income Fund**  
\_\_\_\_\_ % (2756) Stable Income Fund

**Bond Funds**  
\_\_\_\_\_ % (4521) Federated Total Return Gov't Fund  
\_\_\_\_\_ % (8261) Vanguard Total Bond Market Index

**Balanced Funds**  
\_\_\_\_\_ % (7298) PAX World Balanced  
\_\_\_\_\_ % (8957) Vanguard Wellington

**Large Cap Funds**  
\_\_\_\_\_ % (6451) Davis NY Venture Fund A  
\_\_\_\_\_ % (4515) Eaton Vance Large Cap Value  
\_\_\_\_\_ % (3672) Fidelity OTC Portfolio  
\_\_\_\_\_ % (5267) Janus Fund  
\_\_\_\_\_ % (3679) Hartford Capital Appreciation  
\_\_\_\_\_ % (4523) Principal Large Cap Growth  
\_\_\_\_\_ % (8466) Vanguard Institutional Index  
\_\_\_\_\_ % (7739) T. Rowe Price Equity Income  
\_\_\_\_\_ % (2765) Vanguard Primecap

**Mid Cap Funds**  
\_\_\_\_\_ % (2570) Perkins Mid Cap Value  
\_\_\_\_\_ % (3224) Vanguard Capital Opportunity  
\_\_\_\_\_ % (8259) Vanguard Mid Cap Index

**Small Cap Funds**  
\_\_\_\_\_ % (2696) Columbia Acorn USA  
\_\_\_\_\_ % (2785) Federated Clover Small Value Fund  
\_\_\_\_\_ % (5175) Vanguard Small Cap Index  
\_\_\_\_\_ % (4524) Wells Fargo Advantage Small Cap Fund

**International Funds**  
\_\_\_\_\_ % (5025) International Equity Fund –  
Active Portfolio  
\_\_\_\_\_ % (5030) International Equity Fund –  
Index Portfolio

**Emerging Markets**  
\_\_\_\_\_ % (2766) MSIF Emerging Markets Portfolio

**100** % (MUST TOTAL 100%)

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

## PAPERLESS STATEMENT 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 to receive a quarterly e-mail notification, to the email address provided under the Personal Data section, when this quarterly information is posted on 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 other than New York State residents may be subject to their state of residence's income tax in the year deferred. Please read your state income tax instructions carefully.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Return to: New York State Deferred Compensation Plan  
Administrative Service Agency, PW-04-08  
P.O. Box 182797  
Columbus, OH 43218-2797

Overnight Address: New York State Deferred Compensation Plan  
5900 Parkwood Drive, PW-04-08  
Dublin, Ohio 43016

DC-4009-0311