



DEFERRED COMPENSATION PLAN LOAN OFFSET FORM

40 Rector Street, 3rd Floor New York, N.Y. 10006
(212) 306-7760 TTY (212) 306-7707 (888) DCP-3113 (Outside NYC) nyc.gov/deferredcomp

Do Not Write in This Box
Agency Payroll Code:
<input type="text"/>

Please Print - Black Ink Preferred

This form is for use by participants who have experienced a distributable event and wish to offset their outstanding Plan loan(s). A distributable event is severance from City service, attainment of age 59½ (401(k) only, or age 70½ if you are in the 457 Plan), total disability or death. By submitting this form, an IRS Form 1099-R will be issued to you for the total outstanding loan balance in the year in which this offset form is received.

I. PARTICIPANT INFORMATION

Participant's Social Security Number <input type="text"/>	Date of Birth (MM/DD/YY) <input type="text"/>	Area Code <input type="text"/>	Home Telephone No. <input type="text"/>	Area Code <input type="text"/>	Work Telephone No. <input type="text"/>
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>			
Home Mailing Address - Number and Street <input type="text"/>			<input type="checkbox"/> Check here if this is a new address.		Apt. No. <input type="text"/>
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>		

II. PAYROLL INFORMATION

Agency Name (Not Division): _____

III. LOAN NUMBER(S) Please refer to your Loan Document(s):

457 Loan # _____	457 Loan # _____
401(k) Loan # _____	401(k) Loan # _____

IV. LOAN OFFSET REASON

- | | | |
|---|--|---|
| <input type="checkbox"/> Severance of Employment
Date: _____
(MM/DD/YY) | <input type="checkbox"/> Eligible for In-Service Distribution
401(k): You must be at least age 59½
457: You must be at least age 70½ | <input type="checkbox"/> Disability
Attach a letter from Pension
verifying your disability retirement |
|---|--|---|

V. REQUIRED SIGNATURE

This loan offset must be for the entire outstanding loan balance. In the event that any section of this form is incomplete or inaccurate, you may be required to complete a new form or provide additional or proper information before the loan offset can be processed. Any subsequent payments received in connection with this loan will be refunded to you. An IRS Form 1099-R will be issued to you for the year in which this Loan Offset Form was received.

My signature acknowledges that I have read the entire Loan Offset Form, that I understand its contents, agree to its provisions, and affirm that all information that I have provided is true and correct.

I understand that if I have selected Disability as my loan offset reason, I must complete and attach a Certification of Disability Request.

Participant Signature _____ Date _____

DO NOT WRITE IN THIS BOX - DCP OFFICE USE ONLY

The Plan Administrator hereby authorizes Service Provider to process the loan offset for the reason described in this form. This loan offset is in compliance with the Plan provisions.

Authorized Plan Representative _____ Date _____