



**DEFERRED COMPENSATION PLAN
457 PLAN IN-SERVICE DISTRIBUTION FORM
PURCHASE OF PERMISSIVE SERVICE CREDITS**



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

Please Print - Black Ink Preferred

I. PARTICIPANT INFORMATION

Participant's Social Security Number	Date of Birth (MM/DD/YY)	Home Telephone No. (Area Code)	Work Telephone No. (Area Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Mailing Address - Number and Street	Apt. No.
<input type="text"/>	<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Agency Name (Not Division): _____

II. RETIREMENT SYSTEM INFORMATION

NYCERS NYPD FDNY BERS TRS Other: _____

Your Retirement System Membership/Registration Number: _____

If you specified Other above, please complete the following:

Retirement System Address: _____

III. PAYMENT

I wish to transfer the following dollar amount from my 457 Deferred Compensation Plan to my retirement system for the purpose of purchasing retirement service credit: \$ _____

IV. AUTHORIZATION AND SIGNATURE

I authorize the City of New York Deferred Compensation Plan to transfer the funds from my 457 Plan noted above to the indicated retirement system for the purchase of prior service credit. I understand that payment will be made directly to my retirement system and not to me and that the money will be taken proportionately from my investments. I further understand that I have directed the City of New York and its recordkeeper, FASCore, to act on my request to withdraw money from my Deferred Compensation Plan account and neither the City of New York nor FASCore will be liable for any loss due to market fluctuations while implementing such request.

Signature: _____ Date: _____

Please note: This form and the retirement system buyback statement must be received by the Plan's Administrative Office at least **15 days prior to the payment due date** to provide sufficient processing time. Please return this form and your pension buyback statement to:

Deferred Compensation Plan
Bowling Green Station, P.O. Box 93
New York, NY 10274-0093

DO NOT WRITE IN THIS BOX - OFFICE USE ONLY				
LUMP SUM EVENT NUMBER	DATE PROCESSED	PROCESSED BY	DATE AUTHORIZED	AUTHORIZED BY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>