



# DEFERRED COMPENSATION PLAN CHANGE FORM

Please print (black ink preferred)

Mail (do not fax) completed form to:  
DEFERRED COMPENSATION PLAN  
Bowling Green Station, P.O. Box 93  
New York, New York 10274-0093  
(212) 306-7760 TTY (212) 306-7707  
1-888-DCP-3113 (outside NYC)  
Web site: http://nyc.gov/deferredcomp

Do Not Write in This Box

Agency Payroll Code:

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**1 MARK (X) ALL THAT APPLY:** (See page 2 for explanation.)

- 457 Plan Account Change     401(k) Plan Account Change     401(k) Plan Special Rollover Account Change

**2 CHANGE: PLEASE NOTE: THIS IS NOT AN ENROLLMENT FORM - SEE PAGE 2 FOR ENROLLMENT INSTRUCTIONS.**

- Address (complete sections 3 and 8)     Check this box if you would like a Reminder PIN sent to you.  
 Agency/Payroll Code (complete sections 3 and 8)     Check this box if you have an outstanding Plan loan.  
 Name - attach documentation (complete sections 3, 4 and 8)  
 Social Security Number - attach documentation (complete sections 3, 5 and 8)  
 Annual Goal Amount (complete sections 3, 6 and 8)  
 Beneficiary Election including Beneficiary Address Changes (complete sections 3, 7, 8 and 9) This type of change may require this form to be notarized.

**3 PARTICIPANT INFORMATION**

Social Security Number	Date of Birth (MM/DD/YY)	Area Code	Home Telephone No.	Area Code	Work Telephone No.

Last Name as it currently appears on your account	First Name as it currently appears on your account	M.I.

Home Mailing Address - Number and Street	Apt. No.

City	State	Zip Code

Please Check One:    Agency Name (Not Division) (CUNY employees: please specify name of school)    Civil Service Title

Managerial     Uniformed  
 Civilian Non-Managerial

**4 NAME CHANGE: Attach copy of marriage certificate or divorce decree**

New Last Name	New First Name	M.I.

**5 SOCIAL SECURITY NUMBER CHANGE: Attach copy of new Social Security card and driver's license or photo identification**

Social Security Number as it currently appears on your account: 

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**6 ANNUAL GOAL AMOUNT: (MAXIMUM ALLOWABLE ANNUAL DEFERRAL - See page 2 for explanation)**

- a) Check here if you wish to contribute up to the maximum allowable amount to the Plan.  
 b) Check here if you wish to contribute only the minimum required amount in lieu of FICA. (Non-pension members only)

**7 BENEFICIARY ELECTION: I name the following beneficiary(ies) to receive my Deferred Compensation Plan account balance in the event of my death. If more than one beneficiary is named, payment will be made in equal shares to the surviving beneficiaries, unless specified otherwise.**

Please check this box if you are attaching a list of additional beneficiaries on a separate piece of paper.

<b>1st</b>	This beneficiary is (check one): <input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	Status (refer to page 2 for explanation): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary's Social Security Number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Beneficiary's (or Successor Trustee's) Last Name (Include additional information below.)	Beneficiary's (or Successor Trustee's) First Name	M.I.											
Beneficiary's (or Successor Trustee's) Home Mailing Address - Number and Street		Apt. No.											
City		State	Zip Code	Country									
Percentage to be received: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> %						Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		Additional Trust or Charity/Organization Information					

**SECTION 1  
PLAN ACCOUNTS**

If you have more than one Plan account, check each account for which the change(s) on the form should apply. Use another Change Form if you wish to designate different beneficiaries for each account.

**SECTION 2  
ENROLLMENT INSTRUCTIONS**

You can enroll in the 457 Plan or the 401(k) Plan electronically by either visiting the Plan's Web site at [nyc.gov/deferredcomp](http://nyc.gov/deferredcomp) or via the telephone by calling (212) 306-7760 and pressing 1 for KeyTalk®.

Electronic enrollment is a two-step process:

First, you must request enrollment materials which include the Summary Guide of 457 & 401(k) Plan Provisions and an Investment Planning video. These items will be mailed to the address on file with payroll and can be ordered online or through the telephone. Upon requesting enrollment materials, a Personal Identification Number (PIN) will be generated and mailed to you.

Once you receive these items, you can enroll online or through the telephone. You will need your Social Security number along with the assigned PIN in order to enroll.

You can also obtain an Enrollment Form by calling (212) 306-7760 or by visiting the Plan's Web site at [nyc.gov/deferredcomp](http://nyc.gov/deferredcomp).

If you would like to set up a 401(k) Plan Special Rollover Account, please contact the Plan's Administrative Office directly for the appropriate form.

**ACCOUNT CHANGES**

You cannot use this form to make deferral percentage changes or investment changes (allocation changes and account transfers). To make these types of account changes, you must access the Plan's Web site at [nyc.gov/deferredcomp](http://nyc.gov/deferredcomp) or KeyTalk® through the Plan's automated telephone voice response system at (212) 306-7760 (or (888) DCP-3113 if you are calling from outside NYC). Your Personal Identification Number (PIN) will be required in order to access your account.

**SECTION 3  
PARTICIPANT INFORMATION**

Address changes will apply to all plans.

**SECTION 6  
MAXIMUM ALLOWABLE ANNUAL DEFERRAL**

The maximum allowable annual deferral amount is \$16,500 for 2009. If you will be age 50 or older during the calendar year, your maximum deferral limit is \$22,000 for 2009. If you wish to contribute up to the maximum allowable annual deferral, indicate that by checking box a in section 6 on page 1 of the Change Form. Checking box a does not guarantee that you will contribute the maximum allowable amount. To contribute the maximum, you must choose the appropriate deferral percentage based on your annual salary. Please use the Plan's account computation software, available for download from the web site at [nyc.gov/deferredcomp](http://nyc.gov/deferredcomp), to assist you.

If you are contributing at least 7.5% of your annual wages to either the 457 Plan or the 401(k) Plan and you are not a member of the pension system, Social Security (FICA) tax will not be deducted from your pay. However, you need not contribute more than 7.5% of the Social Security wage base to the Plan in lieu of FICA. If you wish to contribute only the minimum that is required, indicate that by checking box b in section 6 on page 1 of the Change Form. You may not contribute to both the Deferred Compensation Plan and FICA unless you contribute less than 7.5% to the Plan or are a member of the pension system. Certain titles under the Health and Hospitals Corporation (HHC) are not eligible for this provision. HHC employees should contact their benefits representative for eligibility information on this provision. Employees should be aware that not paying FICA tax could result in a reduction in Social Security benefits.

For information on deferral percentage changes, please see Section 2 Account Changes above.

**SECTION 7  
BENEFICIARY ELECTION**

**This form must be notarized if you are changing a beneficiary, adding a beneficiary, or changing the percentage a beneficiary is to receive. This form does not have to be notarized if you are changing the address of an existing beneficiary.**

If you are naming a person as your beneficiary, you should select "A Person" in the first box, even if your beneficiary is a minor child. Do not select "A Trust" unless you have already created the trust (or arranged for one to be created under your will). The Plan cannot establish a trust for you.

You must name a beneficiary when you enroll. If you die, your account balance or remaining payments will be paid in this order:

1. To your surviving primary beneficiary(ies);
2. If there are no surviving primary beneficiaries, to your surviving contingent beneficiaries;
3. If there are no surviving primary or contingent beneficiaries, to your surviving spouse;
4. If there is no surviving spouse, to your estate.

You may designate more than one primary beneficiary. You must also indicate the percentage you wish each primary beneficiary to receive upon your death. The total must equal 100%. You may also designate more than one contingent beneficiary. The percentages you wish each contingent beneficiary to receive upon your death must also total 100%. For example, you elect two primary beneficiaries and specify that each primary should receive 50% of your account balance upon your death. You also elect three contingent beneficiaries and specify that one contingent should receive 50% and the other two should receive 25% each (totaling 100%). The contingent beneficiaries will only receive your account in the event there are no surviving primary beneficiaries.

Please note that if you are participating in both the 457 Plan and the 401(k) Plan, changing beneficiaries in one plan will not effect changes in the other plan, unless you indicate otherwise in section 1 of the Change Form.

Employee's Social Security Number:

**7 BENEFICIARY ELECTION CONTINUED: This form must be notarized on page 4 if you are changing or adding a beneficiary.**

<b>2nd</b>	This beneficiary is (check one): <input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	Status (refer to page 2 for explanation): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary's Social Security Number <input type="text"/>
Beneficiary's (or Successor Trustee's) Last Name (Include additional information below.) <input type="text"/>		Beneficiary's (or Successor Trustee's) First Name   M.I. <input type="text"/>	
Beneficiary's (or Successor Trustee's) Home Mailing Address - Number and Street <input type="text"/>			
Apt. No. <input type="text"/>			
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>
Country <input type="text"/>			
Percentage to be received: <input type="text"/> . <input type="text"/> %	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	Additional Trust or Charity/Organization Information	

<b>3rd</b>	This beneficiary is (check one): <input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	Status (refer to page 2 for explanation): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary's Social Security Number <input type="text"/>
Beneficiary's (or Successor Trustee's) Last Name (Include additional information below.) <input type="text"/>		Beneficiary's (or Successor Trustee's) First Name   M.I. <input type="text"/>	
Beneficiary's (or Successor Trustee's) Home Mailing Address - Number and Street <input type="text"/>			
Apt. No. <input type="text"/>			
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>
Country <input type="text"/>			
Percentage to be received: <input type="text"/> . <input type="text"/> %	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	Additional Trust or Charity/Organization Information	

<b>4th</b>	This beneficiary is (check one): <input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	Status (refer to page 2 for explanation): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary's Social Security Number <input type="text"/>
Beneficiary's (or Successor Trustee's) Last Name (Include additional information below.) <input type="text"/>		Beneficiary's (or Successor Trustee's) First Name   M.I. <input type="text"/>	
Beneficiary's (or Successor Trustee's) Home Mailing Address - Number and Street <input type="text"/>			
Apt. No. <input type="text"/>			
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>
Country <input type="text"/>			
Percentage to be received: <input type="text"/> . <input type="text"/> %	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	Additional Trust or Charity/Organization Information	

<b>5th</b>	This beneficiary is (check one): <input type="checkbox"/> A Person <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> A Charity/Organization	Status (refer to page 2 for explanation): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary's Social Security Number <input type="text"/>
Beneficiary's (or Successor Trustee's) Last Name (Include additional information below.) <input type="text"/>		Beneficiary's (or Successor Trustee's) First Name   M.I. <input type="text"/>	
Beneficiary's (or Successor Trustee's) Home Mailing Address - Number and Street <input type="text"/>			
Apt. No. <input type="text"/>			
City <input type="text"/>		State <input type="text"/>	Zip Code <input type="text"/>
Country <input type="text"/>			
Percentage to be received: <input type="text"/> . <input type="text"/> %	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other	Additional Trust or Charity/Organization Information	

**Please sign form on page 4, section 8 YOUR SIGNATURE. This form must be notarized if you are changing a beneficiary, adding a beneficiary, or changing the percentage a beneficiary is to receive. This form does not have to be notarized if you are changing the address of an existing beneficiary.**

Employee's Social Security Number: 

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**8 YOUR SIGNATURE:** I wish to effect the changes noted above in the Deferred Compensation Plan. I affirm that the information is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**9 STATEMENT OF NOTARY:** This form must be notarized if you are changing a beneficiary, adding a beneficiary, or changing the percentage a beneficiary is to receive. This form does not have to be notarized if you are changing the address of an existing beneficiary.

State of \_\_\_\_\_ )  
 ) SS.:  
 County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
 (Signature and office of individual taking acknowledgment)

		Initial	Date	PMS Document #	Effective Date (MM/DD/YYYY)																																																
<b>Do Not Write in This Box</b>	DCP Database		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																											<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																							
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