

***** I Do not wish to participate*****



New York State
Deferred Compensation Plan

A Plan for Your Future

Signature

Date

Account Executive #

Internal Use Only

HELPLINE: 1-800-422-8463

WWW.NYSDCP.COM

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
Beneficiary Name	Relationship	Date of Birth	Social Security Number	_____% Percent
Beneficiary Name	Relationship	Date of Birth	Social Security Number	_____% Percent
				Total = 100%

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 = 100%

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 2012 is \$17,000. There are special provisions that may allow you to defer more than \$17,000 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 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 dollar amount or a percent. If you are paid through the State Comptroller, please enter a percent.

Pre-Tax Deferral: _____% (*Whole percentages only*)

Roth Contributions: _____% (*Whole percentages only*)

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-4009-1211