



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 eDelivery section for additional detail) _____ Local Plan ID Number or State Department ID Code* _____

New York State Employee ID Number*

**If you are unaware of this number, please contact your Payroll Center or the HELPLINE as your enrollment cannot be completed without it. Department ID can also be found on your State Paystub.*

DEFERRAL INFORMATION

If your employer is a local town, village, or school, please check with your payroll department or the HELPLINE to determine whether to request a deferral dollar amount or percentage. Also, if your employer is a school and utilizes OMNI as a third-party payroll administrator please contact OMNI to complete the enrollment of your deferral request.

You may select both Pre-tax and Roth. Maximum combined deferral percentage is 100%. **If you are paid through the State Comptroller, please enter a deferral PERCENTAGE.**

Pre-Tax Deferral: _____% or \$: _____ Roth Contributions: _____% or \$: _____

Your deferral cannot be less than 1% of your gross salary or less than \$10 per pay period.

BENEFICIARY DESIGNATION

Please complete all requested information for each of your primary and contingent beneficiaries. A person **may not** be listed as both a primary and contingent beneficiary. If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example, if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%.

- Primary Beneficiary(ies): A primary beneficiary is the person or persons who receive your Plan benefits in the event of your death.
- Contingent Beneficiary(ies): A contingent beneficiary is the person or persons who would receive your Plan benefits if all of your primary beneficiaries predecease you.

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

- Equal percentages for each primary beneficiary

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

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

- Equal percentages for each contingent beneficiary

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

EDELIVERY OPT OUT

By checking this box, I elect to receive my quarterly statements and other confirmations from the Plan by **regular mail**. I understand that by **not** checking this box, I elect eDelivery for quarterly statements, newsletters, investment performance reports and confirmations. With eDelivery, I will be emailed this information at the address provided under the Personal Data section when the information is posted to the Plan's Web site.

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%.



DO IT FOR ME

The following investment options are professionally managed asset allocation funds based on your expected retirement date:

| VRU# | | VRU# | |
|----------------|--------------------------------------|----------------|--------------------------------------|
| _____ % (1776) | TRP Retirement Date 2010 Trust (CIT) | _____ % (1781) | TRP Retirement Date 2035 Trust (CIT) |
| _____ % (1777) | TRP Retirement Date 2015 Trust (CIT) | _____ % (1782) | TRP Retirement Date 2040 Trust (CIT) |
| _____ % (1778) | TRP Retirement Date 2020 Trust (CIT) | _____ % (1783) | TRP Retirement Date 2045 Trust (CIT) |
| _____ % (1779) | TRP Retirement Date 2025 Trust (CIT) | _____ % (1784) | TRP Retirement Date 2050 Trust (CIT) |
| _____ % (1780) | TRP Retirement Date 2030 Trust (CIT) | _____ % (1785) | TRP Retirement Date 2055 Trust (CIT) |
| | | _____ % (1786) | TRP Retirement Date 2060 Trust (CIT) |

The following core investment options permit participants to create their own asset allocation:



DO IT YOURSELF

| | | | |
|----------------|--|----------------|--|
| _____ % (2756) | Stable Income Fund NYSDCP Stable Income Fund | _____ % (1790) | SMID Cap Funds NYSDCB Russell 2500 Index U/A (CIT) |
| | | _____ % (653) | Vanguard Strategic Equity Fund (MF) |
| | | | Small Cap Funds |
| _____ % (1788) | Bond Funds NYSDCB US Debt Index U/A (CIT) | _____ % (1692) | Delaware Small-Cap Value Fund CL I (MF) |
| _____ % (1794) | Voya Core Plus Trust Fund (CIT) | _____ % (1793) | T. Rowe Price QM US Small-Cap Growth Equity Fund CL I (MF) |
| | | | International Funds |
| _____ % (8957) | Balanced Funds Vanguard Wellington Fund – Admiral (MF) | _____ % (5025) | NYSDCP International Equity Fund - Active |
| | | _____ % (5030) | NYSDCP International Equity Fund - Passive |
| | | | Emerging Markets |
| _____ % (1789) | Large Cap Funds NYSDCB Equity Index U/A (CIT) | _____ % (1458) | MSIF Emerging Markets Portfolio – Institutional (MF) |
| _____ % (1787) | Boston Partners Large-Cap Value Equity Fund (CIT) | | Specialty Options |
| _____ % (1791) | T. Rowe Price Equity Income Trust (CIT) | _____ % (7298) | Pax World Balanced Fund – Institutional (MF) |
| _____ % (1792) | T. Rowe Price Blue Chip Growth Trust (CIT) | _____ % (195) | Fidelity OTC Fund (MF) |
| _____ % (2765) | Vanguard PRIMECAP Fund – Admiral (MF) | | |

100 % (MUST TOTAL 100%)

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

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 until I provide further notice for the purposes of contributing it to my Plan account. I further authorize my employer to process any deferral changes I request through the Plan in the future. Deferrals made by participants who are not New York State residents may be subject to the state income tax in the year deferred in their state of residence. Please read your state income tax instructions carefully.

Participant Signature _____

Date _____

DC-4009-0617