



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



65 Broadway, 21st Floor New York, NY 10006  
(212) 306-7760 TTY (212) 306-7707 (888) 327-3113 (Outside NYC) [nyc.gov/deferredcomp](http://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:

New York City 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"/>