

**Suffolk County Public Employees Deferred Compensation Plan
Purchase of Service Credit**

Please complete and return this form with a copy of your retirement system's notification of eligibility that must include a current balance due. This purchase must be completed before you retire. You can submit this form as early as when you receive your initial eligibility notification from your retirement system; at the latest, you must submit this form at least 30 days prior to your retirement.

Participant Information

| | | |
|-----------------------|-----------------|------------------------|
| _____ | | _____ |
| Name | | Social Security Number |
| _____ | | _____ |
| Street Address | | Daytime Phone Number |
| _____ | | _____ |
| City, State, ZIP Code | | Evening Phone Number |
| _____ | _____ | _____ |
| Employing Department | Bargaining Unit | Date of Birth |

Transfer Information

Please Identify Receiving Retirement Plan Name:

New York State and
Local Retirement System
Registration #

Other Retirement System
Please be specific
Retirement System ID #

Police and Fire Retirement _____

Employees Retirement _____

Amount to be transferred: \$ _____

Please note the amount to be transferred will be taken pro-rata from your existing account balance.

Signature

I authorize and certify to the Suffolk County Public Employees Deferred Compensation Plan of my intention to purchase creditable service with the above named retirement system. I understand the purchase will occur from my deferred compensation contributions from which federal income taxes have not been paid and the full dollar amount specified above is required to purchase this service credit.

Please send this completed form and the retirement system's notification of eligibility to:

T. Rowe Price Retirement Plan Services
Special Attn.: Forms Enclosed
P.O. Box 17215
Baltimore, MD 21297-1215



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