

Suffolk County Public Employees Deferred Compensation Plan
Beneficiary Distribution Form

Beneficiary
Information

Name _____ Social Security Number _____

Street Address _____ Daytime Phone Number _____

City, State, ZIP Code _____ Date of Birth _____

Relation to participant: _____ Spouse _____ Nonspouse

Participant
Information

Name _____ Social Security Number _____

Date of Birth _____

Method of
Distribution

Please carefully read the enclosed explanation of your distribution options, including your right to defer a distribution and the notice titled "Your Rollover Options" which provides an explanation of the direct and indirect rollover rules and the tax treatment of distributions.

Spousal Beneficiary
Distribution Election
for All Accounts
(excluding Roth
Contributions)

Direct Rollover to Traditional IRA

I elect that my distribution (excluding designated Roth account, if applicable) be paid as a direct rollover to the following Traditional IRA:

T. Rowe Price IRA: Account Number*: _____

*If you have not established a T. Rowe Price IRA, you must read and complete the attached form.

IRA: IRA Custodian Name: _____

Account Number: _____

Street Address: _____

City, State, ZIP Code: _____

Direct Rollover of Qualified Rollover Contribution to Roth IRA

I elect that my distribution (excluding designated Roth account, if applicable) be paid as a direct rollover to the following Roth IRA:

T. Rowe Price Roth IRA: Account Number*: _____

*If you have not established a T. Rowe Price Roth IRA, you must read and complete the attached form.

Roth IRA: IRA Custodian Name: _____

Account Number: _____

Street Address: _____

City, State, ZIP Code: _____



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**Suffolk County Public Employees Deferred Compensation Plan
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Direct Rollover to Qualified Employer-Sponsored Plan

I elect that my distribution (excluding designated Roth account, if applicable) be paid as a direct rollover to the following qualified employer-sponsored plan:

Trustee Name: _____
Plan Name: _____
Street Address: _____
City, State, ZIP Code: _____

If rollovers are going to more than one destination, please provide the information requested above, plus the dollar amount or percentage of the distribution for each destination, on a separate piece of paper.

Partial Distribution in Cash

I elect to receive a partial payment of \$ _____

I understand that the dollar amount indicated above will be withdrawn from my account and redeemed proportionately from my current investments. The rest of my balance will remain in the Plan.

Single-Sum Distribution

I elect that my distribution (excluding designated Roth account, if applicable) be paid to me in a single sum.

I understand that: 1) federal income tax will be withheld on the taxable amount of the distribution as required by law, and 2) state income tax will be withheld, if applicable.

**Non-Spousal Beneficiary
Distribution Election for
All Accounts (excluding
Roth Contributions)**

Direct Transfer to an Inherited IRA

I elect that my distribution (excluding designated Roth account, if applicable) be paid as a direct transfer to the following Inherited IRA:

T. Rowe Price Inherited IRA: Account Number*: _____
*If you have not established a T. Rowe Price Inherited IRA, you must read and complete the attached form.

Inherited IRA: IRA Custodian Name: _____
Account Number: _____
Street Address: _____
City, State, ZIP Code: _____

Direct Transfer to a Roth Inherited IRA

I elect that my distribution (excluding designated Roth account, if applicable) be paid as a direct transfer to the following Roth Inherited IRA:

T. Rowe Price Roth Inherited IRA: Account Number*: _____
*If you have not established a T. Rowe Price Roth Inherited IRA, you must read and complete the attached form.

Roth Inherited IRA: Custodian Name: _____
Account Number: _____
Street Address: _____
City, State, ZIP Code: _____



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Partial Distribution in Cash

I elect to receive a partial payment of \$ _____

I understand that the dollar amount indicated above will be withdrawn from my account and redeemed proportionately from my current investments. The rest of my balance will remain in the Plan.

Single-Sum Distribution

I elect that my distribution (excluding designated Roth account, if applicable) be paid to me in a single sum.

If you elect to receive your benefit in installments, you must specify the dollar amount and frequency of your payments. The period of time over which you receive these payments cannot be greater than your life expectancy. There are other IRS rules that may further limit the time period over which you receive payments.

Installments to begin as soon as administratively possible.

1. Frequency: Monthly Quarterly Semiannual Annual

2. Amount of each payment: \$ _____

Direct Rollover Information for Installments: You cannot roll over a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year and that will last for your lifetime (or your life expectancy); or your lifetime and your beneficiary's lifetime (or life expectancies); or a period of 10 years or more.

Trustee or IRA Custodian Name

Plan Name or IRA Account Number

Address

City, State, ZIP Code

Bank Routing Number

**Installment
Distribution**

Wire Instructions

Please send wire to:

Wire Information:

Bank name: _____

ABA# (9 digits): _____

Account number: _____

Further credit to: _____

Participant account name: _____



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