



CHANGE OF NAME/ADDRESS

PERSONAL DATA

Name Currently on the Account (Please print)

Social Security Number/Account Number

PREVIOUS ADDRESS INFORMATION

Previous Home Address

Date of Birth

City

State

Zip

Previous Home Telephone Number

Employer

Work Telephone Number

ADDRESS CHANGE

New Home Address

New Home Telephone Number

City

State

Zip

New Email Address

** Confirmation of your new address will be forwarded to both the previous and new addresses, for security purposes.*

NAME CHANGE

You must include a copy of your driver's license, social security card, or legal document as proof of name change.

New Name (Please Print)

AUTHORIZATION

Your signature is required to process this form. **Please note: If you are currently receiving a distribution, your next distribution may be delayed until the change of address is effective.**

Participant Signature

Date

Return to: New York State Deferred Compensation Plan
Administrative Service Agency
P.O. Box 182797
Columbus, OH 43218-2797
OR Fax to: 1-877-677-4329



NYSDCP MAKES A DIFFERENCE!
WWW.NYSDCP.COM
HELPLINE: 1-800-422-8463

*When faxing paperwork, please allow two hours from receipt for it to be processed.
If your fax is sent after 3 p.m. your paperwork will be processed on the next business day.*

Overnight Address: New York State Deferred Compensation Plan
Administrative Service Agency, DSPF-F2
3400 Southpark Place, Suite A
Grove City, OH 43123-4856

DC-3784-0515