

# GETTING STARTED

*Each letter below corresponds with the lettered sections*

**A**

Read and sign the **Financial Planning Authorization** – This permits the New York City Deferred Compensation Plan to proceed with the creation of your “Financial Needs Assessment”. Spouse/Partner must sign, if applicable.

**B**

Read and sign the **New York City Deferred Compensation – Financial Planning Services Disclosure**. Your Spouse/Partner must sign, if applicable.

**C**

Complete the **Financial Data Information Form**. Be sure to indicate the one additional topic you would like to discuss with the Certified Financial Planner™ professional. The information will be handled confidentially.

**D**

**Return the following** documents in the enclosed envelope (please retain copies for your records):

1. Signed Financial Planning Authorization and signed New York City Deferred Compensation – Financial Planning Services Disclosure.
2. Completed Financial Data Information Form

**E**

**Bring the following** items with you to your individual consultation:

1. All relevant documents specified on page 6 – Supporting Documents
2. Method of Payment (Personal Check, Bank Check or Money Order). Check should be made payable to ICMA Retirement Corp.

Individual consultations are designed to provide educational and/or general information and are not intended to provide specific legal, accounting, investment, tax or other professional advice or the solicitation for a specific product or service. Individual consultations do not constitute the offering of investment, financial, tax or legal advice or other expert advice. The material presented during the individual consultation is for informational purposes only. You may wish to consult an investment advisor, legal counsel or other expert before reaching any decisions. You should seek financial advice regarding the appropriateness of investing in any securities or investment strategies and should understand that statements regarding future prospects may not be realized. Past performance is not necessarily indicative of future results. In addition, any materials included with an individual consultation are subject to the terms of the 401(k) Plan for Employees of the City of New York and Related Agencies and Instrumentalities and the Deferred Compensation Plan for Employees of the City of New York and Related Agencies and Instrumentalities and any other applicable federal, state and local laws and regulations. In the event of any conflict between the 401(k) Plan for Employees of the City of New York and Related Agencies and Instrumentalities or the Deferred Compensation Plan for Employees of the City of New York and Related Agencies and Instrumentalities and applicable laws or regulations, then the applicable laws and regulations shall govern.

Financial planning services for the New York City Deferred Compensation Plan are offered through ICMA-RC, a federally registered Investment Advisor.

**A****FINANCIAL PLANNING AUTHORIZATION****Signature and Authorization**

I authorize the New York City Deferred Compensation Plan in accordance with the Financial Planning Disclosure, to complete a "Financial Needs Assessment" offered through ICMA-RC on my behalf. ICMA-RC has contracted with the New York City Deferred Compensation Plan to offer financial planning. I further realize that the "Financial Needs Assessment" developed represents my situation based on the information I have provided. I understand that the projections or other information generated by the financial plan regarding the likelihood of various outcomes are hypothetical in nature, do not reflect actual investment results, and are not guarantees of future results.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse/Partner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**B****NEW YORK CITY DEFERRED COMPENSATION - FINANCIAL PLANNING SERVICES DISCLOSURE****Services to Be Performed**

1. The Certified Financial Planner™ professional, upon receipt of the enclosed Financial Data Information Form, will review your current financial situation, goals, and objectives. The financial planner will contact you if any additional information is required.
2. The financial planner will prepare a preliminary "Financial Needs Assessment" based upon information you submit. Upon completion, you will be contacted to schedule an appointment with a financial planner.
3. The financial planner will meet with you for a maximum of 1½ hours to review and finalize your "Financial Needs Assessment" and discuss one additional topic of personal interest that you specify on the enclosed Financial Data Information Form.
4. The financial planner will provide you with a copy of your "Financial Needs Assessment" and an action plan to address your other area of concern.

**Fee for Services**

Payment in the amount of \$179.00 for your personal "Financial Needs Assessment" is due at the time of your consultation. Payment can be made only by personal check, bank check or money order (no cash will be accepted). Check should be made payable to ICMA Retirement Corp. This fee includes a 90 minute individual consultation with a Certified Financial Planner™ professional and a copy of your "Financial Needs Assessment", including a personalized action plan. Limited follow-up or additional questions after your individual consultation must be done in writing. A Certified Financial Planner™ professional will then contact you.

**Disclosures**

1. The individual consultation with the Certified Financial Planner™ professional is designed to provide you with educational and/or general information. The financial planner is prohibited from providing legal advice or tax advice. The financial planner is also prohibited from providing recommendations on the selection of investment options.
2. You may wish to consult a tax advisor, legal counsel, or other professional before reaching any decisions. You should seek financial advice regarding the appropriateness of any investment and should understand that statements regarding future results may not be realized. Past performance is not indicative of future performance.
3. The Participant hereby authorizes and directs the Plan to permit the individuals listed below to communicate with the Certified Financial Planner™ professional regarding certain confidential and non-public information relating to the Participant.

Individual 1 \_\_\_\_\_

Individual 2 \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse/Partner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# FINANCIAL DATA INFORMATION FORM

## Personal Information - Participant

LAST NAME		FIRST NAME			MI.
HOME ADDRESS - NUMBER AND STREET					APT.
CITY				STATE	ZIP CODE + FOUR
DATE OF BIRTH (MM/DD/YY) / /	E-MAIL ADDRESS (FOR FOLLOW-UP)				
AGENCY			OCCUPATION		
HOME TELEPHONE NUMBER ( ) -		WORK OR CELLULAR TELEPHONE NUMBER ( ) -		FAX NUMBER ( ) -	
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	EMPLOYMENT STATUS <input type="checkbox"/> Active <input type="checkbox"/> Retired	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced		TAX FILING STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married-Joint <input type="checkbox"/> Married Separate <input type="checkbox"/> Head of Household	

## Personal Information - Spouse/Partner

LAST NAME		FIRST NAME			MI.
DATE OF BIRTH (MM/DD/YY) / /	CITY EMPLOYEE <input type="checkbox"/> Yes <input type="checkbox"/> No	DCP PARTICIPANT <input type="checkbox"/> Yes <input type="checkbox"/> No	OCCUPATION		

## Children (or Other Financial Dependent) Information

LAST NAME		FIRST NAME			MI.
DATE OF BIRTH (MM/DD/YY) / /	RELATIONSHIP: SON, DAUGHTER, PARENT, ETC.				
LAST NAME		FIRST NAME			MI.
DATE OF BIRTH (MM/DD/YY) / /	RELATIONSHIP: SON, DAUGHTER, PARENT, ETC.				
LAST NAME		FIRST NAME			MI.
DATE OF BIRTH (MM/DD/YY) / /	RELATIONSHIP: SON, DAUGHTER, PARENT, ETC.				

**IF YOU HAVE ADDITIONAL DEPENDENTS LIST THEM ON A SEPARATE PIECE OF PAPER AND ATTACH THEM TO THIS FORM**

**Please tell us about your family. This information will give us a better understanding of who is affected by your financial decisions. (Please consider children and other financial dependents which may include immediate and/or extended family.)**

Are there any special considerations that relate to the future of your children - perhaps their future education or living conditions? (Special Talents? Disabilities? Prior Marriages?)

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Is there anyone you are supporting now or will be supporting in the future, that you want to consider in your planning? If yes, please list below.

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Are there any unusual aspects of your family situation that warrant additional consideration or special planning? If yes, please explain below.

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## Retirement Goals and Accomplishments

In your own words, what are your financial goals and what do you want to accomplish in retirement?

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## Legal Documents - check box if you have any of the the following

	Participant	Spouse/Partner
Will	<input type="checkbox"/>	<input type="checkbox"/>
Durable Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Proxy	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>
Trust - type: _____	<input type="checkbox"/>	<input type="checkbox"/>

## FINANCIAL DATA INFORMATION FORM

Please refer to section E for a list of documents that will assist you in completing this form.

### Net Worth - Asset you own minus debts you owe

Assets	Current Value	Liabilities	Amount Remaining	Interest Rate	Years Left
Residence	\$ _____	Mortgage	\$ _____	%	_____
2 <sup>nd</sup> Residence	\$ _____	2 <sup>nd</sup> Mortgage	\$ _____	%	_____
Personal Use Property (AUTO, ETC.)	\$ _____	Car Loans	\$ _____	%	_____
Other Personal Assets (JEWELRY COLLECTIONS, ETC.)	\$ _____	Personal Loans/ Credit Cards	\$ _____	%	_____
		Education Loan	\$ _____	%	_____

### Insurance Information - You may need to review your insurance policies in order to obtain this information.

CHECK YOUR POLICY AND WRITE IN THE FACE AMOUNT IN THE APPROPRIATE SECTION

	Participant		Spouse/Partner	
Term Life Insurance	\$ _____	YEARS REMAINING _____	\$ _____	YEARS REMAINING _____
Permanent Life Insurance	\$ _____	CASH VALUE \$ _____	\$ _____	CASH VALUE \$ _____
Long-Term-Care Insurance	\$ _____	(DAILY AMOUNT) _____	\$ _____	(DAILY AMOUNT) _____

## Income, Pension and Social Security

Income	Participant	Spouse/Partner
Current Annual Salary	\$ _____	\$ _____
Other Income (Please Specify) _____	\$ _____	\$ _____
Plan to work in retirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much do you plan to earn each year?	\$ _____	\$ _____
How many years will you work during retirement?	_____	_____

Pension	Participant		Spouse/Partner	
Please contact your pension department to calculate your pension benefits	Pension 1	Pension 2	Pension 1	Pension 2
Estimated Monthly Amount	\$ _____	\$ _____	\$ _____	\$ _____
At what age will you start collecting pension?	_____	_____	_____	_____
Have/Will you select a survivor benefit in your pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the expected percentage of the survivor benefit?	_____ %	_____ %	_____ %	_____ %

Social Security	Participant	Spouse/Partner
Age to Start Benefit	_____	_____
Estimated or Current Annual Benefit (Please refer to your annual Social Security Statement)	\$ _____	\$ _____

**Education Funding - Children's Education and Fund Expenses**

CHILD'S NAME	AGE	AGE WHEN STARTING COLLEGE	NAME OF SCHOOL	NUMBER OF YEARS	CURRENT COLLEGE FUND
					\$
					\$
					\$

College fund account types(529, UTMA, UGMA):

**Account Information Section (Please enter all JOINT account information in the bottom section.)**

**Value of Retirement and Non-Retirement Accounts for Participant:**

Type of Account	Current Value		Monthly Contributions	
	PRE-TAX/TRADITIONAL	ROTH	PRE-TAX/TRADITIONAL	ROTH
457 - Deferred Compensation Plan	\$	\$	\$	\$
401(k) - Deferred Compensation Plan	\$	\$	\$	\$
Outside/Prior 401(k)	\$	\$	\$	\$
NYCE IRA	\$	\$	\$	\$
Outside IRA	\$	\$	\$	\$
Annuity (PLEASE SPECIFY): _____				
Investment Account: <input type="checkbox"/> BROKERAGE, <input type="checkbox"/> MUTUAL FUND, <input type="checkbox"/> OTHER: _____		\$		\$
Checking Account		\$		\$
Savings Account		\$		\$
CDs		\$		\$
Money Market		\$		\$
Other (PLEASE SPECIFY): _____		\$		\$

**Value of Retirement and Non-Retirement Accounts for Spouse/Partner:**

Type of Account	Current Value		Monthly contributions	
	PRE-TAX/TRADITIONAL	ROTH	PRE-TAX/TRADITIONAL	ROTH
457 - Deferred Compensation Plan	\$	\$	\$	\$
401(k) - Deferred Compensation Plan	\$	\$	\$	\$
Outside/Prior 401(k)	\$	\$	\$	\$
NYCE IRA	\$	\$	\$	\$
Outside IRA	\$	\$	\$	\$
Annuity (PLEASE SPECIFY): _____				
Investment Account: <input type="checkbox"/> BROKERAGE, <input type="checkbox"/> MUTUAL FUND, <input type="checkbox"/> OTHER: _____		\$		\$
Checking Account		\$		\$
Savings Account		\$		\$
CDs		\$		\$
Money Market		\$		\$
Other (PLEASE SPECIFY): _____		\$		\$

**Value of Joint Accounts NOT included above:**

Type of Account	Current Value	Monthly Contributions
Checking Account	\$	\$
Savings Account	\$	\$
Other (PLEASE SPECIFY): _____	\$	\$

**If you have multiple accounts and the space above is not sufficient, please attach a sheet with all of your other accounts.**

## Budget Calculations Worksheet

### MONTHLY HOUSING EXPENSES

Mortgage payment 1	\$
Mortgage payment 2	\$
Maintenance & Common Charges/Association Fee	\$
Property Tax	\$
Rent Payment	\$

### MONTHLY TRANSPORTATION EXPENSES

Auto loan/lease payment	\$
Car Expenses (repair, gasoline, etc.)	\$
Commuting expenses (tolls, parking, etc.)	\$

### MONTHLY HOUSEHOLD/PERSONAL EXPENSES

Food and household incidentals	\$
Utilities, telephone, cable, etc.	\$
Childcare	\$
Clothing and personal items	\$
Tuition	\$
Out-of-pocket medical expenses (deductible, co-pays, etc.)	\$
Entertainment (dining, shows, etc.)	\$
Charitable contributions	\$
Pet expenses	\$
Books, papers, subscriptions	\$
Miscellaneous	\$

### PAY CHECK DEDUCTIONS (Check your Pay Stub) - Please check one: Weekly Bi-weekly Semi-monthly

Medical Insurance Premiums	\$
Pension Contribution (414HS, 414H STD, etc.)	\$
Union Dues	\$
Pension/NYCDGP Loan Repayment	\$

### ANNUAL EXPENSES

Dependent Care Assistance Program Contributions	\$
Health Care Flexible Spending Account Program Contributions	\$
Vacation	\$
Gifts, Birthday	\$
Other	\$

### OTHER INSURANCE PREMIUMS AND OTHER DEBT REPAYMENT

Life Insurance Premiums: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	\$
Auto Insurance Premiums: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	\$
Homeowners/Renters Insurance Premiums: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	\$
Other Insurance Premiums (SPECIFY)_____:	\$
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Miscellaneous (SPECIFY)_____:	\$
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Miscellaneous (SPECIFY)_____:	\$
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Miscellaneous (SPECIFY)_____:	\$
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	

## Topics of Special Interest

Please check **ONE** additional topic, in addition to Retirement Planning, that you would like to discuss with the Certified Financial Planner™ professional

- Cash flow/Budgeting** - Do you expect any significant changes in your cash flow? (Retirement, tuition, etc.)
- Major Purchase** - Do you expect a major expenditure in the near future? (new home or car)
- Estate Planning** - Have you checked your beneficiary designations and organized your account information for your heirs?
- Educational Funding** - Have you explored all the sources of financial aid available?
- Insurance/Risk Management** - Is your family adequately protected with life insurance, health, and disability coverage?
- Tax Planning** - Are you taking advantage of all the tax benefits available to you?
- Elder Care Issues** - Are you or your family members concerned about caring for an aging relative?

**D**

## DOCUMENTS TO SEND NOW

## Personal Information - Participant

- Signed Financial Planning Authorization and signed New York City Deferred Compensation - Financial Planning Services Disclosure
- Completed Financial Data Information Form

**E**

## SUPPORTING DOCUMENTS

The documents listed below will assist you in completing the Financial Data Information Form. In addition, please bring copies of the most recent documents as they pertain to your topic of special interest. This information will be treated confidentially.

## Personal Records

- Mortgage and other debt statements (e.g., credit cards, loans, etc.)

## Employment Records

- New York City Deferred Compensation Plan Statement/NYCE IRA Statement
- Pension Statement
- Union Annuity Statement
- Social Security Statement
- Most recent pay stubs for self and spouse/partner

## Outside Investments Records - Most recent Quarter End

- Brokerage and Mutual Fund Accounts
- Retirement Accounts (IRA, annuity)
- Bank Account (savings, checking, money markets, CDs)

## Insurance Contract/Policies

- Life Insurance
- Homeowner's/Renter's Insurance

***If you need assistance when filling out this form please call us at 212-306-5050***



# OFFICE OF LABOR RELATIONS

## *Deferred Compensation Plan / NYCE IRA*

40 Rector Street, Third Floor, New York, NY, 10006  
Tel: 212 306-7760 / TTY: 212 306-7707 / Fax: 212 306-7376  
Outside NYC: 888 DCP-3113 and 888 IRA-NYCE  
Online: [nyc.gov/deferredcomp](http://nyc.gov/deferredcomp) and [nyc.gov/nyceira](http://nyc.gov/nyceira)

### *Board Members*

Mayor of the City of New York  
Comptroller of the City of New York  
Commissioner, Office of Labor Relations  
Director, Office of Management & Budget  
Commissioner of Finance  
Commissioner, Citywide Administrative Services  
Police Commissioner  
Fire Commissioner  
Uniformed Firefighters Association  
District Council 37, AFSCME  
Corporation Counsel, Counsel to the Board

JAMES F. HANLEY  
*Commissioner*

DOROTHY A. WOLFE  
*Director, Employee Benefits Program*

GEORGETTE GESTELY  
*Director, Tax Favored & Citywide Programs*

Dear Participant,

Thank you for attending one of our financial planning seminars. You have received this packet because you indicated an interest in learning about an individual consultation with one of our Certified Financial Planner™ professionals.

If you would like to determine whether you are on your way to a secure retirement, you may wish to take advantage of this opportunity to look at your financial picture in detail. During your individual consultation, you will meet with one of our Certified Financial Planner™ professionals. They will discuss your goals and review your current situation to generate a personal “Financial Needs Assessment.” You will also have the opportunity to address one of your other financial priorities, such as college funding, estate planning, insurance, etc., during your consultation.

Whatever the issue, you should be aware that our Certified Financial Planner™ professionals are salaried and do not sell or recommend any products. In this way, they are impartial and unbiased in dealing with DCP participants. Certified Financial Planner™ professionals abide by the Code of Ethics of the Certified Financial Planners Board of Standards that mandates that their concern is only that of their clients.

The cost of an individual consultation (approximately 1½ hours) is \$179.00 and is due at the time of your consultation. Similar unbiased individual consultations in the private sector can cost more than double this fee.

To arrange an individual consultation, carefully review the pages in this folder that describe the scope of the “Financial Needs Assessment.” Please complete and return the Financial Data Information Form, along with the signed authorization and disclosure using the enclosed envelope (you may wish to retain copies for your own records). You can also securely fax the above documents to (212) 306-7376. We will mail you a confirmation letter upon receipt of the documents. All information received will be handled confidentially. Upon review of the Financial Data Information Form, we will contact you to schedule your individual consultation. Due to high demand, we suggest that you return your completed documents as soon as possible. If you have any questions regarding your individual consultation or if you need assistance in completing the Financial Data Information Form, please contact us at (212) 306-5050.

We look forward to meeting with you in the near future.

Sincerely,

New York City Deferred Compensation Plan

***“Our Only Interest Is Your Interest”***