



Annual Leave Deduction Agreement 403(b) Plan

The State of Maryland 403(b) Tax Sheltered Annuity Plan

100746-04

Use black or blue ink when completing this form. For questions regarding this form or determining year-to-date contributions, contact Service Provider at 1-833-272-0093.

A Participant Information

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension _____

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Social Security Number (Must provide all 9 digits)

_____/_____/____	_____/_____/____
Last Name	First Name M.I. Date of Birth (mm/dd/yyyy)

Street Address _____ ☐ Married ☐ Unmarried

City _____ State _____ Zip Code _____

_____/_____/____	_____/_____/____	_____
Employee Number	Date of Hire (mm/dd/yyyy)	Agency Code

B Process for Electing Annual Leave

- You MUST have an account (enrolled) in the plan PRIOR to submitting this form. Be sure to add your email address to your account.
- Your contribution will be invested based on your current investment allocation. You are responsible for updating your investment allocation PRIOR to submitting this form if a different investment is desired.
- Deferrals over the IRS limit will only be processed if Catch-Up is selected. If you have exceeded the IRS limit, have not elected Catch-Up, and the requested amount exceeds the IRS limit, the request will be rejected and not processed.
- Contact your Agency payroll office at least 60 days prior to your separation of employment date to obtain the dollar amount of your unused vacation time and the payroll effective date when it will be paid out.
- Contact an Empower Care Center Representative for assistance in completing this form at 833-272-0093.
- Submit this form, in good order, at least 45 days before your last day of work to ensure proper processing. Instructions on how to submit this form can be found on page 2.
- If mailing this form, please consider sending with a tracking number to provide proof of delivery.
- If this is not done in a timely manner, your Annual Leave Deduction may not occur.
- To verify receipt of your form, please call the Empower Care Center at 833-272-0093.

Annual Leave Deduction

Separation of Service Date: ____/____/____

Payroll Effective Date (Pay Period End Date): ____/____/____

If Payroll Effective Date is blank, this will be processed using the next available payroll date. If the Payroll Effective Date does not match a Payroll Date set up on the plan, this will be processed on the first payroll date **prior** to the date provided on the form.

I elect to contribute the following amount(s) of my annual leave payout: (An indication of Whole or Full will not be processed.)

☐ Before-Tax Contributions \$ _____

Please note: You are allowed to contribute up to 85% of your annual leave into Before-Tax.

Last Name

First Name

M.I.

Social Security Number

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Number**B Catch-Up Provision (if applicable)**

If I qualify for both, I may have Age Catch-Up and Regular Catch-Up contributions.

☐ **Age Catch-Up** - The total annual before-tax Age 50 Catch-Up amount cannot exceed \$7,500.00 of my eligible compensation in the 2025 tax year (when added to the basic contribution amount, the aggregate maximum available is \$31,000.00 in 2025). I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. The total annual before-tax Age 60-63 Catch-Up amount cannot exceed \$11,250.00 of my eligible compensation in the 2025 tax year (when added to the basic contribution amount and the Age 50 Catch-Up amount, the aggregate maximum available is \$34,750.00 in 2025). I must be age 60 through age 63 during this calendar year, and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. During the calendar year in which you turn age 64, you can start contributing the Age 50 Catch-Up amounts. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions.

☐ **Regular Catch-Up** - I must have completed at least 15 years of service with my current employer to be eligible for 403(b) Regular Catch-Up. My current employer is an educational organization, hospital, home health service agency, health and welfare service agency, church, or convention or association of churches. The calculation tools are provided for my convenience and I should consult with my tax advisor about my tax situation.

Column A	Column B	Column C
\$3,000.00	\$15,000.00	\$5,000.00
	All prior regular Catch-up amounts (-) \$ _____ (subtract)	Number of years of service with my current employer (x) \$ _____ (multiply)
		All prior years elective deferrals to 403(b), 401(k) and SEP plans (-) \$ _____ (subtract)
	Total (=) \$ _____	Total (=) \$ _____

My Regular Catch-Up amount is the **lesser** of the amounts indicated in Column A, Column B or Column C.

The total annual before-tax Regular Catch-Up amounts cannot exceed the calculated amount. If I stop deferrals and/or do not defer the maximum amount during this calendar year, the Age Catch-Up and/or Regular Catch-Up amounts elected to contribute will not be considered Catch-Up deferrals. If I am eligible for both Age Catch-Up and Regular Catch-Up, the amounts contributed above the maximum will first be treated as amounts of Regular Catch-Up and then Age Catch-Up.

☐ I elect to cancel my Catch-Up contribution election.

C Participant Consent (Please sign on the 'Participant Signature' line below.)

My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:

- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- My Plan Administrator/Trustee may take any action that may be necessary to ensure that my participant is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deduction as indicated on this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

D Delivery Instructions

After all signatures have been obtained, this form can be

Uploaded Electronically:

OR

Sent Regular Mail to:

OR

Sent Express Mail to:

Phone: 1-833-272-0093

Login to your account at
mymysrp.com,
click on your plan,
Account Sign In and then
Upload Documents to submit.

Empower
PO Box 173764
Denver, CO 80217-3764

Empower
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Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

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