

Sick and Annual Leave Deduction Agreement Governmental 457(b) Plan

	nnsylvania State Employees' Retire	•		•				
	e black or blue ink when completing this form	n. For questions regarding this form	or determining	year-to-date contributions, contact Service				
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 Socia	r (Must provide all 9 digits)					
	Last Name	First Name M.I.		/ / / / / Date of Birth (mm/dd/yy)				
	Street Address			☐ Married ☐ Unmarried				
	City	State	Zip Code					
	Employee Number	Date of Hire (mm/dd/yy)		Agency of Employment				
В	Process for Electing Sick and Annual Leave							
	 Contact your HR office 60 days prior to your anticipated separation of employment date to obtain a projection of Sick and Annual payout value (must be in dollars). Contact an Empower Deferred Compensation Plan Representative for assistance in completing this form. Contact information may be obtained via sers. empower-retirement.com or by contacting the Empower Harrisburg office at 717-901-3591. 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 the form can be found on page 2. 							
	4. If mailing this form, please consider sending with a tracking number to provide proof of delivery.5. If this is not done in a timely manner, your Sick & Annual Contribution may not occur.							
6. To verify receipt of your form, please call the Empower Harrisburg office at 717-901-3591.								
	Sick and Annual Leave Deduction							
	Separation of Service Date:// I elect to contribute the following amount(s) of my sick and annual leave payout: (An indication of Whole or Full will not be processed.)							
☐ Before Tax Contributions \$								
	□ Roth Contributions \$							
	Please Note: If the net sick and annual leave payout above is not sufficient to attain the requested deferral amount, the deferral will be deducted from the final paycheck.							

						98978-01		
ast	Name Fi	rst Name		M.I.	Social Security Number	Number		
B	Catch-Up Provision (if applica	ble)						
	Catch-up Provision Utilized - If I am eligible for both types of Catch-Up this year, I may select either Age 50 §457 Catch-Up or Special §457 Catch-Up, whichever would result in the larger Catch-Up amount for this calendar year.							
	☐ Age 50 §457 Catch-up - I must be age 50 or older by the end of this calendar year and I may not use Special §457 Catch-up this year. The total before-tax and Roth Age 50 §457 Catch-up amount cannot exceed \$7,500 of my eligible compensation in the 2024 tax year. When added to the basic contribution amount, the aggregate maximum available is \$30,500 of my eligible compensation in the 2024 tax year.							
	□ Special §457 Catch-up - I und When added to the basic contr Special §457 Catch-up contribution I reach age 70½, or (2) the elected NRA year, I will have employer's basic retirement pla amounts" by not contributing the participate. I have calculated amounts worksheet as indicate and I should consult with my taken in the participate.	ibution a utions, I s he forth of e attained an. NRA r he maxing the total ed below,	mount, the aggregated maximal be deemed to elect as a calendar year from the date of the appropriate age and/or may not be changed in my se num amount available to munderutilized amount I have and have attached the third	mum avai Normal R of the first years of s cond and e under the available	lable is \$46,000 in 2024. I und etirement Age (NRA) year the contribution under this Specia ervice to be eligible for unreducthird year of Special §457 Catchis Plan in any prior calendare for Special §457 Catch-up to the control of	erstand that by electing to beging arlier of: (1) the calendar year in §457 Catch-up election. During the definition of the state of th		
	Underutilized Amount: \$							
	☐ I elect to cancel my Catch-Up c							
)	Participant Consent (Please sign	Participant Consent (Please sign on the 'Participant Signature' line below.)						
 My signature acknowledges that I have read, understand and agree to all paged of this form and affirms that all information that I his 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, in 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 a 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.								
)	Delivery Instructions							
After all signatures have been obtained, this form can be								
	Uploaded Electronically: Login to your deferred compensation account sers.empower-retirement.com, click Deferred Compensation Plan, Account Sign In and then Upload Documents to submit.	OR	Sent Regular Mail to: Empower PO Box 173764 Denver, CO 80217-3764	OR	Sent Express Mail to: Empower 8515 E. Orchard Road, Greenwood Village, CO 801	Phone: 717-901-3591		
	We will not accept hand delivered f	orms at E	Express Mail addresses.					

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Underutilized Amounts Worksheet for Special §457 Catch-Up

Begin with the first year you became eligible to participate in this Plan. Ignore all prior years.

Instructions:

- 1. Multiply your includible compensation by the percentage in column A, and enter this amount in column A (includible compensation).
 - a. For years prior to 2002, includible compensation is equivalent to the amount shown on the W-2 in Box 1 (or Box 10 for years prior to 1993).
 - b. For 2002 and thereafter, includible compensation is equivalent to the amounts shown on the W-2 in Box 1, PLUS any amounts received from your employer as a qualified transportation fringe benefit, any amounts deferred under a §125 cafeteria plan and any contributions to a §401(k), §403(b) and §457(b) plan.
- 2. In column C, enter the lesser of the amount in column A (includible compensation) or B (basic annual §457(b) contribution limit).
- 3. From column C, subtract columns D (actual contributions) and E (other contributions) and enter that amount in column F (underutilized amount).
- 4. Add totals from column F in the TOTAL UNDERUTILIZED AMOUNTS line at the end of the worksheet; this is your total underutilized amount.
- 5. You may only use an underutilized amount equal to the current year's basic annual §457(b) contribution limit. Any remaining underutilized amount may be contributed in any remaining special catch-up years, up to an amount equal to that year's basic annual §457(b) contribution limit.
- 6. NRA may not be changed in your second and third year of catch-up and you must subtract the Special §457 Catch-Up amounts you contributed in a prior year from the total underutilized amounts to determine your remaining underutilized amounts.

	Α	В	С	D	E	F
Calendar Year	Includible Compensation (See Instruction #1)	Basic §457(b) Contribution Limit	Lesser of <u>A</u> or <u>B</u>	Actual Contributions to this 457(b) Plan	Contributions to another 457(b), 403(b) or 401(k) for Years Prior to 2002 and thereafter, only to another §457(b)	Underutilized Amount
1979	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1980	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1981	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1982	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1983	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1984	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1985	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1986	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1987	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1988	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1989	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1990	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1991	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1992	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1993	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1994	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1995	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1996	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1997	33.3% X \$ = \$	\$7,500	\$	\$	\$	\$
1998	33.3% X \$ = \$	\$8,000	\$	\$	\$	\$
1999	33.3% X \$ = \$	\$8,000	\$	\$	\$	\$
2000	33.3% X \$ = \$	\$8,000	\$	\$	\$	\$
2001	33.3% X \$ = \$	\$8,500	\$	\$	\$	\$
2002	100% X \$ = \$	\$11,000	\$	\$	Other 457(b) \$	\$
2003	100% X \$ = \$	\$12,000	\$	\$	Other 457(b) \$	\$
2004	100% X \$ = \$	\$13,000	\$	\$	Other 457(b) \$	\$
2005	100% X \$ = \$	\$14,000	\$	\$	Other 457(b) \$	\$
2006	100% X \$ = \$	\$15,000	\$	\$	Other 457(b) \$	\$
2007	100% X \$ = \$	\$15,500	\$	\$	Other 457(b) \$	\$
2008	100% X \$ = \$	\$15,500	\$	\$	Other 457(b) \$	\$
2009	100% X \$ = \$	\$16,500	\$	\$	Other 457(b) \$	\$
2010	100% X \$ = \$	\$16,500	\$	\$	Other 457(b) \$	\$
2011	100% X \$ = \$	\$16,500	\$	\$	Other 457(b) \$	\$
2012	100% X \$ = \$	\$17,000	\$	\$	Other 457(b) \$	\$
2013	100% X \$ = \$	\$17,500	\$	\$	Other 457(b) \$	\$

	Α	В	С	D	Е	F
Calendar Year	Includible Compensation (See Instruction #1)	Basic §457(b) Contribution Limit	Lesser of <u>A</u> or <u>B</u>	Actual Contributions to this 457(b) Plan	Contributions to another 457(b), 403(b) or 401(k) for Years Prior to 2002 and thereafter, only to another §457(b)	Underutilized Amount
2014	100% X \$ = \$	\$17,500	\$	\$	Other 457(b) \$	\$
2015	100% X \$ = \$	\$18,000	\$	\$	Other 457(b) \$	\$
2016	100% X \$ = \$	\$18,000	\$	\$	Other 457(b) \$	\$
2017	100% X \$ = \$	\$18,000	\$	\$	Other 457(b) \$	\$
2018	100% X \$ = \$	\$18,500	\$	\$	Other 457(b) \$	\$
2019	100% X \$ = \$	\$19,000	\$	\$	Other 457(b) \$	\$
2020	100% X \$ = \$	\$19,500	\$	\$	Other 457(b) \$	\$
2021	100% X \$ = \$	\$19,500	\$	\$	Other 457(b) \$	\$
2022	100% X \$ = \$	\$20,500	\$	\$	Other 457(b) \$	\$
2023	100% X \$ = \$	\$22,500	\$	\$	Other 457(b) \$	\$

Total Underutilized Amounts (Column F)	\$	
Prior Special §457 Catch-Up Contributions, if any (Column E)	- \$	(subtract)
Total Underutilized Amounts Remaining	= \$	(equals)