



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

Pennsylvania State Employees' Retirement System Deferred Compensation Program 98978-01

Use black or blue ink when completing this form. For questions regarding this form or determining year-to-date contributions, contact Service Provider at 1-800-633-5461.

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. _____

Social Security Number (Must provide all 9 digits)

Last Name	First Name	M.I.	Date of Birth (mm/dd/yy) ()
Street Address			Personal Phone Number ()
City	State	Zip Code	Work Phone Number
Email Address			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Employee Number	Date of Hire (mm/dd/yy)	Agency of Employment	

- B Process for Electing Sick and Annual Leave**
1. 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).
 2. Contact an Empower Deferred Compensation Plan Representative for assistance in completing this form. Contact information may be obtained via sers.pa.gov or by contacting the Empower Harrisburg office at 303-737-3613.
 3. 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.
 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 303-737-3613.

Sick and Annual Leave Deduction

Retirement 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.

B	<p>Catch-Up Provision (if applicable)</p> <p>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.</p> <p><input type="checkbox"/> 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 \$6,500 of my eligible compensation in the 2021 tax year. When added to the basic contribution amount, the aggregate maximum available is \$26,000 of my eligible compensation in the 2021 tax year.</p> <p><input type="checkbox"/> Special §457 Catch-Up - I understand the total Special §457 Catch-Up amount cannot exceed \$19,500.00 of my eligible compensation in 2021. When added to the basic contribution amount, the aggregated maximum available is \$39,000.00 in 2021. I understand that by electing to begin Special §457 Catch-Up contributions, I shall be deemed to elect as a Normal Retirement Age (NRA) year the earlier of: (1) the calendar year in which I reach age 70½, or (2) the fourth calendar year from the date of the first contribution under this Special §457 Catch-Up election. During the elected NRA year, I will have attained the appropriate age and/or years of service to be eligible for unreduced retirement benefits under my Employer's basic retirement plan. NRA may not be changed in my second and third year of Special §457 Catch-Up. I must have "underutilized amounts" by not contributing the maximum amount available to me under this Plan in any prior calendar years in which I was eligible to participate. I have calculated the total underutilized amounts I have available for Special §457 Catch-Up using the attached underutilized amounts worksheet as indicated below, and have attached the third page worksheet. The calculation tools are provided for my convenience and I should consult with my tax advisor about my tax situation.</p> <p>Underutilized Amount: \$ _____</p> <p><input type="checkbox"/> I elect to cancel my Catch-Up contribution election.</p>				
C	<p>Participant Consent (Please sign on the 'Participant Signature' line below.)</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Any person who presents false or fraudulent information is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>				
D	<p>Delivery Instructions</p> <p>After all signatures have been obtained, this form can be</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> Uploaded Electronically: Login to account at sers.pa.gov Click on Upload Documents to submit </td> <td style="width: 25%; vertical-align: top; text-align: center;"> OR Sent Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764 </td> <td style="width: 25%; vertical-align: top; text-align: center;"> OR Sent Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111 </td> <td style="width: 25%; vertical-align: top;"> Phone: 303-737-3613 </td> </tr> </table> <p>We will not accept hand delivered forms at Express Mail addresses.</p>	Uploaded Electronically: Login to account at sers.pa.gov Click on Upload Documents to submit	OR Sent Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764	OR Sent Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111	Phone: 303-737-3613
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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:

- Multiply your includible compensation by the percentage in column **A**, and enter this amount in column **A** (includible compensation).
 - 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).
 - 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.
- In column **C**, enter the lesser of the amount in column **A** (includible compensation) or **B** (basic annual §457(b) contribution limit).
- From column **C**, subtract columns **D** (actual contributions) and **E** (other contributions) and enter that amount in column **F** (underutilized amount).
- Add totals from column **F** in the **TOTAL UNDERUTILIZED AMOUNTS** line at the end of the worksheet; this is your total underutilized amount.
- 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.
- 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.

	A	B	C	D	E	F
Calendar Year	Includible Compensation (See Instruction #1)	Basic §457(b) Contribution Limit	Lesser of A or B	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) \$ _____	\$ _____

	A	B	C	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 <u>this</u> 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) \$ _____	\$ _____

Total Underutilized Amounts (Column F) \$ _____

Prior Special §457 Catch-Up Contributions, if any (Column E) - \$ _____ (subtract)

Total Underutilized Amounts Remaining = \$ _____ (equals)