

Instruction for deferring annual leave payment into your MSRP pre-tax 401(k)/457(b)/403(b) account

6 weeks before separation from service	<p>Contact your Agency payroll office. Ask for:</p> <ul style="list-style-type: none"> • Dollar amount of your unused vacation time, and • When (pay period ending date) it will be paid out. 										
Access the <i>Participation Agreement</i> form	On the back of this page. Also available online from MarylandDC.com, <i>Support and Forms</i> tab or by calling 443-886-9402.										
Check account type at the top of the form	<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;"> <input type="checkbox"/> 457(b) PRE-TAX <input type="checkbox"/> 457(b) ROTH* <input type="checkbox"/> 401(k) PRE-TAX <input type="checkbox"/> 401(k) ROTH* <input type="checkbox"/> 403(b) PRE-TAX *Contributions to Roth are made on a post-tax basis. </div> <p>NOTE: You may defer your annual leave payment into a Roth account, but it will not help with the immediate taxation issue.</p>										
Complete and sign the <i>Participation Agreement</i> form	<p>Section 1 — Fill out all information requested.</p> <hr/> <p>Section 2 — Check “Change Amount.”</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>2. Type of Request</p> <input type="checkbox"/> New <input type="checkbox"/> Reinstatement <input type="checkbox"/> Change Amount <input type="checkbox"/> Change Direction of Future </div> <hr/> <p>Section 3 — Enter the Dollar Amount in the “<i>Special Amount Per Pay</i>” row. You may defer up to 85% of the dollar amount of your unused vacation time. Any amount not deferred is taxable income. (For example if you have a \$10,000 annual leave payment you could enter up to \$8,500)</p> <p><i>Special Pay Period Date Range:</i> Leave <i>Start Date</i> blank. Fill in pay period ending date in <i>End Date</i>.</p> <p># of Pay Periods: Print “Annual Leave”.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>3. Contribution Summary Per Pay</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right; font-weight: normal;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Pre-Tax Contribution Amount Per Pay</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Roth Contribution Per Pay*</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Special Amount Per Pay</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>TOTAL CONTRIBUTION</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> <p>PER PAY *Contributions to Roth are made on post-tax basis. Contribution to begin on pay period ending date: _____ <i>Special Pay-Period Date Range:</i> Start Date _____ End Date _____ (Special Amount Only) # of Pay Periods _____ ANNUAL LEAVE _____</p> </div> <p>NOTE: If the dollar amount to be deferred would cause you to exceed the IRS contribution limit for your plan (\$17,500 in 2013), you can open a second plan to house your annual leave payment. The Section 2 Type of Request would be “New” and you must complete Sections 6 and 7.</p> <hr/> <p>Section 4 — N/A</p> <hr/> <p>Section 5 — Complete this section only if you are going to use the “50 and over” catch-up provision to raise your IRS contribution limit from \$17,500 to \$23,000.</p> <hr/> <p>Section 6 — Complete this section only if you wish to change your investment election for this deferral, or you’re opening a new plan.</p> <hr/> <p>Section 7 — Complete this section only if you want to update your beneficiary designation, or you’re opening a new plan.</p> <hr/> <p>Section 8 — Sign and date where indicated.</p>		AMOUNT	Pre-Tax Contribution Amount Per Pay	\$ _____	Roth Contribution Per Pay*	\$ _____	Special Amount Per Pay	\$ _____	TOTAL CONTRIBUTION	\$ _____
	AMOUNT										
Pre-Tax Contribution Amount Per Pay	\$ _____										
Roth Contribution Per Pay*	\$ _____										
Special Amount Per Pay	\$ _____										
TOTAL CONTRIBUTION	\$ _____										
At least 2 weeks before annual leave payment	<p>FAX your completed form to 443-886-9403. (Preferred method)</p> <p>OR mail your completed form to:</p> <p style="text-align: center; margin-left: 100px;"> Nationwide Retirement Solutions 11350 McCormick Road Executive Plaza 1, Suite 400 Hunt Valley, MD 21031 </p>										

Questions? Call 800-545-4730 for assistance.

MARYLAND TEACHERS AND STATE EMPLOYEES SUPPLEMENTAL RETIREMENT PLANS

Nationwide Retirement Solutions, Inc. (NRS) is the administrator for MSRP: Nationwide Investment Services Corporation (member, FINRA), an affiliate of NRS, provides educational and enrollment services on behalf of MSRP: Financial & Realty Services, LLC may provide education and marketing support services on behalf of NRS. Its Retirement Consultants are registered representatives of FSC Securities Corporation (FSC), member FINRA, SIPC. FSC and Financial & Realty Services, LLC are not affiliated with MSRP, NRS or NISC.

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STATE OF MARYLAND

Participation Agreement

for Pre-Tax and Roth Retirement Savings Accounts

Please note that, once made, contributions and/or rollovers to a Roth account may not be reversed. In the event you wish to make changes, only future contributions and/or rollovers can be redirected.

<input type="checkbox"/> 457(b) PRE-TAX	<input type="checkbox"/> 457(b) ROTH*
<input type="checkbox"/> 401(k) PRE-TAX	<input type="checkbox"/> 401(k) ROTH*
<input type="checkbox"/> 403(b) PRE-TAX	*Contributions to Roth are made on a post-tax basis.

PLEASE READ THE REVERSE SIDE OF THIS FORM BEFORE SIGNING.

I HAVE OTHER PRE-TAX INVESTMENTS AND/OR ROTH INVESTMENTS THAT I WOULD LIKE TO ROLL INTO THIS PLAN

1. Personal Information

Social Security Number --

Date of Birth --

Sex M F

Name _____
Last First MI

Address _____
Number & Street Suite/Apt. No.

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ Ext. _____

Date of Hire _____ Agency Code _____ Payroll Type: Regular University Contractual Other

Salary _____ (found in upper left corner of pay stub) Payroll Center Name: Central University Other

2. Type of Request

- New Reinstatement
 Change Amount Change Direction of Future Contributions

4. Contribution Frequency

- Bi-Weekly (Z)-26 Weekly (W)-52 Monthly (M)-12
 Semi-Monthly (X)-24 Other _____

5. Catch-up Provision Utilized: (NOTE: The 3 year prior to retirement provision is only available for the 457 plan - it is not applicable for the 401(k) plan.)

- No Yes (50 and over)
 Yes (3 years prior to Normal Retirement Age - worksheet attached)

3. Contribution Summary Per Pay

	AMOUNT
Pre-Tax Contribution Amount Per Pay	\$ _____
Roth Contribution Per Pay*	\$ _____
Special Amount Per Pay	\$ _____
TOTAL CONTRIBUTION PER PAY	\$ _____

*Contributions to Roth are made on post-tax basis.
Contribution to begin on pay period ending date: _____
Special Pay-Period Date Range: Start Date _____ End Date _____
(Special Amount Only) # of Pay Periods _____

Enroll me in asset rebalancing. I agree to comply with and be bound by the terms and conditions of the service including any restrictions imposed by the investment options. I understand I can obtain more information about the service, its terms and conditions by contacting the NRS Service Center.

6. Funding Options - PLEASE NOTE: TOTAL OF ALL FUNDING OPTIONS MUST EQUAL 100% (WHOLE % ONLY)

FIXED INCOME OPTION	SMALL CAP
_____% Investment Contract Pool (457(b) & 401(k) only)	_____% T. Rowe Price Small Cap. Stock Fund
_____% Vanguard Prime Money Market Fund (403(b) only)	_____% Vanguard Small Cap Growth Index
BONDS	_____% Vanguard Small Cap Value Index (Institutional Shares)
_____% PIMCO Total Return Fund (Institutional Shares)	INTERNATIONAL
_____% Vanguard Total Bond Market Index Fund (Institutional Shares)	_____% American Funds - EuroPacific Growth Fund (R6 Shares)
BALANCED	_____% Vanguard Total International Stock Index Fund (Institutional Shares)
_____% Fidelity Puritan Fund	TARGETED RETIREMENT FUNDS
LARGE CAP	_____% Retirement Income Fund (for those born in 1937 or before)
_____% American Century Equity Growth Fund (Institutional Shares)	_____% Retirement 2005 Fund (designed for those born between 1938-1942)
_____% American Funds - The Growth Fund of America (R6 Shares)	_____% Retirement 2010 Fund (designed for those born between 1943-1947)
_____% Goldman Sachs Large Cap Value Fund (Institutional Class)	_____% Retirement 2015 Fund (designed for those born between 1948-1952)
_____% Parnassus Equity Income Fund (Institutional Shares)	_____% Retirement 2020 Fund (designed for those born between 1953-1957)
_____% Vanguard Institutional Index Fund	_____% Retirement 2025 Fund (designed for those born between 1958-1962)
_____% Vanguard Value Index Fund (Institutional Shares)	_____% Retirement 2030 Fund (designed for those born between 1963-1967)
MID CAP	_____% Retirement 2035 Fund (designed for those born between 1968-1972)
_____% T. Rowe Price Mid Cap Value Fund	_____% Retirement 2040 Fund (designed for those born between 1973-1977)
_____% Morgan Stanley Institutional Fund Trust - Mid Cap Growth Portfolio - (Class I)	_____% Retirement 2045 Fund (designed for those born between 1978-1982)
_____% Vanguard Mid Cap Index Fund (Institutional Plus Shares)	_____% Retirement 2050 Fund (designed for those born between 1983-1987)
	_____% Retirement 2055 Fund (designed for those born in 1988 or after)

7. Beneficiary Designation (Please attach separate sheet if there are additional beneficiaries)

Apply Change To: 457(b) 401(k) 401(a) 403(b) ALL PLANS

Primary Contingent

Name (Please Print)	Address	Date of Birth	% Split (in whole percentages*)
Social Security#	Phone Number	Relationship	

Primary Contingent

Name (Please Print)	Address	Date of Birth	% Split (in whole percentages*)
Social Security#	Phone Number	Relationship	

* Split must equal 100%

I authorize my employer to reduce my salary by the above amount which will be credited to the State of Maryland 457 Plan, 401(k), and/or 403(b) Plan as applicable. The reduction will continue until otherwise authorized in accordance with the plan. The withholding of my contributed amount by my employer and its payment to the designated investment option(s) will be reflected in the first pay period after the processing of this application by the Plan Administrator in conjunction with the set-up time required by my payroll center, however, in no case prior to the beginning of the month following the month this form is signed. The reduction is to be allocated to the investment options in the percentages indicated above. Current pre-tax investment election and allocation will be used for Roth contributions.

All changes will be processed when received by the Product Provider. By signing below, you acknowledge receipt of a copy of the applicable prospectus covering the options to which your funds will be allocated. By signing below, you authorize Nationwide Retirement Solutions, as the Plan Administrator, to make the changes indicated above.

8. Signature of Participating Employee

I HAVE READ AND UNDERSTAND EACH OF THE STATEMENTS ON THE FRONT AND BACK OF THIS FORM, WHICH HAVE BEEN DRAFTED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS IN THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. I ACCEPT THESE TERMS AND UNDERSTAND THAT THESE STATEMENTS DO NOT COVER ALL THE DETAILS OF THE PLAN OR PRODUCTS.

_____ PARTICIPATING EMPLOYEE'S SIGNATURE	_____ DATE	_____ PRINCIPAL
_____ RETIREMENT SPECIALIST SIGNATURE	_____ FSR NO.	_____ SALES DIRECTOR NO.

MAIL TO: Nationwide Retirement Solutions
11350 McCormick Road
Executive Plaza 1 - Suite 400
Hunt Valley, MD 21031
For assistance with completing this form, please call 443-886-9402 or toll-free at 1-800-966-6355. Fax number: 1-443-886-9403