Instruction for deferring annual leave payment

into your MSRP pre-tax 401(k)/457(b)/403(b) account

6 weeks before	Contact your Agency payroll office. Ask for:					
separation						
from service	Dollar amount of your unused vacation time, and					
	When (pay period ending date) it will be paid out.					
Access the	On the back of this page. Also available onli	•				
Participation	Support and Forms tab or by calling 443-886-9402.					
Agreement form						
Check account	□ 457(b) PRE-TAX □ 457(b) ROTH*	NOTE: You may defer your annual leave payment into a Roth account,				
type at the top	□ 401(k) PRE-TAX □ 403(b) PRE-TAX *Contributions to Roth are made on a post-tax basis.	but it will not help with the immediate taxation issue.				
of the form	post tax dasto.					
Complete and sign	Section 1 — Fill out all information requested.					
the <i>Participation Agreement</i> form	Section 2 — Check "Change Amount."					
rigreement form	3	2. Type of Request				
		☐ Change Amount ☐ Change Direction of Futu				
	Section 3 — Enter the Dollar Amount	3. Contribution Summary Per Pay				
	in the "Special Amount Per Pay" row.	AMOUNT Pre-Tax Contribution Amount Per Pay \$				
	You may defer up to 85% of the dollar	Roth Contribution Per Pay* \$				
	amount of your unused vacation time. Any amount not deferred is	Special Amount Per Pay TOTAL CONTRIBUTION \$				
	taxable income. (For example if you	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 DateEnd Date				
	have a \$10,000 annual leave payment	(Special Amount Only) # of Pay Periods ANNUAL LEAVE				
	you could enter up to \$8,500)	NOTE: If the dollar amount to be deferred would cause you to exceed				
	Special Pay Period Date Range:	the IRS contribution limit for your plan (\$17,500 in 2013), you can open a				
	Leave Start Date blank. Fill in pay	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.				
	period ending date in <i>End Date</i> .	,				
	# of Pay Periods: Print "Annual Leave".					
	Section 4 — N/A					
	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.					
	Section 6 — Complete this section only if you wish to change your investment election for this deferral, or you're opening a new plan.					
	,					
	Section 7 — Complete this section only if you want to update your beneficiary designation, or you're opening a new plan.					
	Section 8 — Sign and date where indicated.	•				
At least 2 weeks before annual	FAX your completed form to 443-886-9403. (Preferred method)					
leave payment	OR mail your completed form to:					
	Nationwide Retirement Solutions					
	11350 McCormick Road Executive Plaza 1 Suite 400					
	Executive Plaza 1, Suite 400 Hunt Valley, MD 21031					
	Traine valley, MD 21031					

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.





STATE OF MARYLAND

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.

☐ 457(b) Pre-Tax	□ 457(b) Rотн*
☐ 401(k) Pre-Tax	□ 401(k) Rотн*
☐ 403(b) Pre-Tax	*Contributions to Roth are made on a post-tax basis.

Address Last Number & Street City Home Phone () Agency Code (found in upper left corner of pay stub) First Suite/Apt. No. State Zip Code Ext. Payroll Type: □ Regular □ University □ Contractual □ Other	J I HAVE	OTHER PRE-TA	AX INVESTMENTS AND/OR ROTH IN				PLAN	
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Address Norther & Street Last	Social Social	rity Number			Data of Birth	<u>, </u>		
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Number & Street	Address	Last		First		MI	☐ Check here if this	
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Payroll Centre Name. Central University Other	Date of Hire		Agency Code		Payroll Ty	⁄pe: ☐ Regular ☐ Unive	rsity Contractual Other	
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Social Security# Phone Number Relationship Primary Contingent Name (Please Print) Address Date of Birth % Split (in whole percentages*)	☐ Primary 〔	☐ Contingent	Nama (Plaaca Print)	Address		Data of Pirth	9/ Split (in whole percentages*)	
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Name (Please Print) Address Date of Birth Split (in whole percentages*) Social Security# Phone Number Relationship * Split must equal 100% 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 poption(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. By Signature of Participating Employee 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 PARTICIPATING EMPLOYEE'S SIGNATURE DATE PRINCIPAL	☐ Driman.	7 Contingent	Social Security#	Phone Numi	per	Relationship		
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RETIREMENT SPECIALIST SIGNATURE FSR NO. SALES DIRECTOR NO.		PARTICIPATING E	MPLOYEE'S SIGNATURE	DA	NTE		PRINCIPAL	
		RETIREMENT SP	ECIALIST SIGNATURE	FSF	R 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