



Annual Leave Deduction Agreement
401(k) Plan

The State of Maryland Savings and Investment Plan and Trust

100746-02

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

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

- a. You MUST have an account (enrolled) in the plan PRIOR to submitting this form. Be sure to add your email address to your account.
b. 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.
c. Deferrals over the IRS limit will not be processed. If you have exceeded the IRS limit and the requested amount exceeds the IRS limit, the request will be rejected and not processed.
d. 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 (pay period end date) when it will be paid out.
e. Contact an Empower Care Center Representative for assistance in completing this form at 833-272-0093.
f. 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.
g. If mailing this form, please consider sending with a tracking number to provide proof of delivery.
h. If this is not done in a timely manner, your Annual Leave Deduction may not occur.
i. 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 \$ (Not to exceed \$24,500.00 OR \$35,750.00 if electing Age Catch-Up)

Roth Contributions \$ (Not to exceed \$24,500.00 OR \$35,750.00 if electing Age Catch-Up)

Please note: You are allowed to contribute up to 85% of your annual leave into Before-Tax OR 50% of your annual leave into Roth.

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

My contributions must be specified consistently (as a dollar amount). The combination of before-tax and Roth Age 50 Catch-Up amount cannot exceed \$8,000.00 of my eligible compensation in the 2026 tax year (*when added to the basic contribution amount, the aggregate maximum available is \$32,500.00 in 2026*). 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 combination of before-tax and Roth 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 \$35,750.00 in 2026*). 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.

**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**

<b>Uploaded Electronically:</b> Login to your account at <b>mysrp.com</b> , click on your plan, Account Sign In and then Upload Documents to submit.	<b>OR</b>	<b>Sent Regular Mail to:</b> Empower PO Box 173764 Denver, CO 80217-3764	<b>OR</b>	<b>Sent Express Mail to:</b> Empower 8515 E. Orchard Road, Greenwood Village, CO 80111	<b>Phone:</b> 1-833-272-0093
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We will not accept hand delivered forms at Express Mail addresses.

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