EMPOWER

Paycheck Contribution Election
Governmental 457(b) Plan

DEFERRED COMP PLAN FOR EES OF THE COUNTY OF ONONDAGA **523919-01**

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at empowermyretirement.com or contact Service Provider at 1-800-701-8255.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's 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. _____

(The name provided MUST match the name on file with Service Provider.)

B Payroll Election(s)

Paycheck Contribution Election *(Payroll Deductions)*

Voluntary Contributions

Select One: ❑ Start ❑ Restart ❑ Change ❑ Stop

I elect to contribute to the Plan the following percentage(s) of my eligible compensation indicated below *(per pay period)*:

❑ Before Tax Contributions _____% (1% - 100%; Not to exceed $23,500.00 OR $34,750.00 if electing Age Catch-Up OR $47,000.00 if I am electing Special §457 Catch-Up)

❑ Roth Election Contributions _____% (1% - 100%; Not to exceed $23,500.00 OR $34,750.00 if electing Age Catch-Up OR $47,000.00 if I am electing Special §457 Catch-Up)

Date of Hire *(mm/dd/yyyy)* ____/____/____

My contributions must be specified consistently (as a percent).

Only one type of §457 Catch-Up may be used in a calendar year. If I am eligible for both, I may elect either Age §457 Catch-Up OR Special §457 Catch-Up, whichever would result in the larger Catch-Up amount for this calendar year.

Age §457 Catch-Up - The combination of before-tax and Roth Age 50 §457 Catch-Up amount cannot exceed $7,500.00 of my eligible compensation in the 2025 tax year *(when added to the basic contribution amount, the aggregate maximum available is $31,000.00 in 2025).* 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 $34,750.00 in 2025).* I must be age 60 through 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. I must be age 50 or older by the end of this calendar year and I may not use the Special §457 Catch-Up this year.

OR

Special §457 Catch-Up - The combination of before-tax and Roth Special §457 Catch-Up amount cannot exceed $23,500.00 of my eligible compensation in the 2025 tax year *(when added to the basic contribution amount, the aggregate maximum available is $47,000.00 in 2025)*. I may only use Special §457 Catch-Up in one or more of the three calendar years that **END PRIOR TO** Normal Retirement Age (NRA). I have designated my NRA year below. 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. The calculation tools are provided for my convenience and I should consult with my tax advisor about my tax situation.

NRA Year:_____ **Underutilized Amount: $**_____

❑ I elect to cancel my Catch-Up contribution election.

Last Name	First Name	M.I.	Social Security Number	523919-01 Number

C Signatures and Consent *(Signatures must be on the lines provided.)*

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:

- Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.
- I may change the percentage of compensation contributed as allowed under the terms of the Plan.
- 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 may take any action that may be necessary to ensure that my participation 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.

Authorized Plan Administrator Signature *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

I authorize the election indicated by the participant above.

Authorized Plan Administrator 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.

Print Full Name _____

D Mailing Instructions

Participant forward this form to Employer

Employer DO NOT send this form to Service Provider. Please retain for your records.

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Empower Financial Services, Inc., (EFSI). Both are Empower companies and each organization is solely responsible for its financial condition and contractual obligations. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC-08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at $1 or $10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.