

CRA 457 Plan

98721-02

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at www.cra-online.org or contact Service Provider at 1-800-352-0313.

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 _____

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Social Security Number (Must provide all 9 digits)

Last Name _____

First Name _____

M.I. _____

() _____
Daytime Phone Number

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

() _____
Alternate Phone Number

Agency _____

B Payroll Election(s)

Paycheck Contribution Election (Payroll Deductions)

Select One: Start Restart Change Stop

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

Before Tax Contributions \$ _____ or _____ % (do not complete both) (up to \$20,500.00 or 1% - 100%)

Roth Contributions \$ _____ or _____ % (do not complete both) (up to \$20,500.00 or 1% - 100%)

Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____

The total annual before-tax and Roth contributions cannot exceed \$20,500.00 of my eligible compensation in the 2022 tax year.

Catch-Up Election

Age 50 §457 Catch-Up:

I elect to contribute to the Plan additional Age 50 Catch-Up amounts of my eligible compensation as indicated below (per pay period):

Age Catch-Up Before Tax Contributions \$ _____ or _____ %

Age Catch-Up Roth Contributions \$ _____ or _____ %

Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____

The total before-tax and Roth Age 50 Catch-Up amount cannot exceed \$6,500.00 of my eligible compensation in the 2022 tax year. Only one type of §457 Catch-Up may be used in a calendar year. 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. 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.

I elect to cancel my Catch-Up contribution election.

-OR-

Special §457 Catch-Up:

I elect to contribute to the Plan the Special §457 Catch-Up amounts of my eligible compensation as indicated below (per pay period):

Age Catch-Up Before Tax Contributions \$ _____ or _____ %

Age Catch-Up Roth Contributions \$ _____ or _____ %

Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____

The total before-tax and Roth Special §457 Catch-Up amount cannot exceed \$20,500.00 of my eligible compensation in the 2022 tax year. (When added to the basic contribution amount, the aggregate maximum available is \$41,000.00 in 2022.) 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 _____

Number _____

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:

- 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.
- Payroll elections must be entered into prior to the first day of the month that the deferral will be made.
- If I am increasing or decreasing my payroll deductions, the new deferral amount will take effect on the first pay period after the first of the month in which the change was made.
- If I am stopping payroll deductions, all existing deferrals will be cancelled.
- I may change the amount 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.

D Mailing Instructions

Participant forward this form to Employer

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

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