



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

4 weeks before separation from service	Contact your Agency payroll office. Ask for: <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 Participation Agreement form	Available online from MarylandDC.com on the Support and Forms tab or by calling 443-886-9402.										
Check account type at the top of the form	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Select Plan Type:</td> <td style="padding: 2px;"><input type="checkbox"/> 457(b) Pre-Tax</td> <td style="padding: 2px;"><input type="checkbox"/> 401(k) Pre-Tax</td> <td style="padding: 2px;"><input type="checkbox"/> 403(b) Pre-Tax</td> </tr> <tr> <td></td> <td style="padding: 2px;"><input type="checkbox"/> 457(b) Roth*</td> <td style="padding: 2px;"><input type="checkbox"/> 401(k) Roth*</td> <td style="padding: 2px;">*Contributions to Roth are made on a post-tax basis.</td> </tr> </table> <p>NOTE: You may defer your annual leave payment into a Roth account, but it will not help with the immediate taxation issue.</p>	Select Plan Type:	<input type="checkbox"/> 457(b) Pre-Tax	<input type="checkbox"/> 401(k) Pre-Tax	<input type="checkbox"/> 403(b) Pre-Tax		<input type="checkbox"/> 457(b) Roth*	<input type="checkbox"/> 401(k) Roth*	*Contributions to Roth are made on a post-tax basis.		
Select Plan Type:	<input type="checkbox"/> 457(b) Pre-Tax	<input type="checkbox"/> 401(k) Pre-Tax	<input type="checkbox"/> 403(b) Pre-Tax								
	<input type="checkbox"/> 457(b) Roth*	<input type="checkbox"/> 401(k) Roth*	*Contributions to Roth are made on a post-tax basis.								
Complete and sign the Participation Agreement form	<p>Fill out the Personal Information section.</p> <p>Check “Change Amount” in the Type of Request & Paperless Delivery Consent section</p> <p>In the Contribution Summary & Payroll Frequency section, enter the Dollar Amount in the “Special Amount Per Pay” 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>Special Pay Period Date Range: Leave Start Date blank. Fill in pay period ending date in End Date. (Choose a date within 2 ½ months of separation.)</p> <p># of Pay Periods: Print “Annual Leave”.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Dollar Amount*</th> </tr> </thead> <tbody> <tr> <td>Contribution Amount - Pre-Tax</td> <td></td> </tr> <tr> <td>Contribution Amount - Roth*</td> <td></td> </tr> <tr> <td>Special Amount Per Pay</td> <td></td> </tr> <tr> <td>Total</td> <td></td> </tr> </tbody> </table> <p>NOTE: If the dollar amount to be deferred would cause you to exceed the IRS contribution limit for your plan (\$18,000 in 2017), please check with your Employer to determine in which plan type you may establish a second account. If so, in the Type of Request section, you would check “New” and you must complete the Beneficiary Designation section and the Funding Options section.</p> <p>Complete the Beneficiary Designation section only if you want to update your beneficiary designation, or you’re opening a new account.</p> <p>Complete the Funding Options section only if you wish to change your investment election for this deferral, or you’re opening a new account.</p> <p>Sign and date where indicated in the Authorization section.</p>		Dollar Amount*	Contribution Amount - Pre-Tax		Contribution Amount - Roth*		Special Amount Per Pay		Total	
	Dollar Amount*										
Contribution Amount - Pre-Tax											
Contribution Amount - Roth*											
Special Amount Per Pay											
Total											
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> <div style="text-align: center; margin-top: 10px;"> Nationwide Retirement Solutions 11350 McCormick Road Executive Plaza 1, Suite 400 Hunt Valley, MD 21031 </div>										

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 Participation Agreement for Pre-Tax and Roth Retirement Savings Accounts

Personal Information

Select Plan Type: <input type="checkbox"/> 457(b) Pre-Tax <input type="checkbox"/> 401(k) Pre-Tax <input type="checkbox"/> 403(b) Pre-Tax		
<input type="checkbox"/> 457(b) Roth* <input type="checkbox"/> 401(k) Roth* *Contributions to Roth are made on a post-tax basis.		
Name:		Social Security Number or Account Number:
Address:		City, State, & Zip Code:
Date of Birth:		Work Phone Number:
Email Address:		Home Phone Number:
Date of Hire:	Agency Code:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Type of Request & Paperless Delivery Consent

New Change Amount Reinstate Change Direction of Future Contributions

NOTE: All increases, decreases and suspensions will be implemented no sooner than the first payroll of the month following the change. Please remember to check your pay stub to confirm your selected contributions are accurately reflected and being processed.

Paperless Delivery: By providing your email address you are consenting to receive statements, confirmations, terms, agreements and other information provided in connection with your retirement plan electronically. Unless you choose to have statements, account documents and other documents sent in connection with your retirement plan delivered via U.S. Mail to the mailing address of record by checking the box below, these documents will be made available to you electronically. **I wish to receive my statements and account documents via U.S. Mail.**

Contribution Summary & Payroll Frequency

	Dollar Amount*	Payroll Frequency: Please select your payroll frequency to insure timely processing. <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other _____
Contribution Amount - Pre-Tax		
Contribution Amount - Roth*		
Special Amount Per Pay		
Total		

*Contributions to Roth are made on a post-tax basis.

Contribution to begin on pay-period ending date: _____ Payroll Type: Regular University
 Special Pay-Period Date Range: Start Date/End Date: _____ Contractual Other
 (Special Amount Only) # of Pay-Periods: _____ Payroll Center Name: Central University Other

Beneficiary Designation

Check here if this is a change of beneficiary. (Beneficiaries listed below replace any prior designation)
PLEASE NOTE: Percentage split must total 100% for each category of beneficiary.

If additional space for beneficiaries is required, attach additional sheets and mark this box:

Primary Beneficiary(ies) (must total 100%):

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split
Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

Contingent Beneficiary(ies) (must total 100%):

Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split
Name	Relationship	Social Security #	Phone #
Address		Date of Birth	% Split

Funding Options

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.

PLEASE NOTE: TOTAL OF ALL FUNDING OPTIONS MUST EQUAL 100% (WHOLE % ONLY)

Fixed Income Option		International	
_____ %	Investment Contract Pool (457(b), 401(k) & 401(a) only)	_____ %	American Funds - EuroPacific Growth Fund (R6 Shares)
_____ %	Vanguard Federal Money Market Fund (403(b) only)	_____ %	Vanguard Total International Stock Index Fund (Institutional Shares)
Bonds		T.Rowe Price Target Date Retirement Funds	
_____ %	TCW Core Fixed Income Fund (I Shares)	_____ %	T.Rowe Price Retirement 2005 Fund (designed for those born in 1942 or before)
_____ %	Vanguard Total Bond Market Index Fund (Institutional Shares)	_____ %	T.Rowe Price Retirement 2010 Fund (designed for those born between 1943-1947)
Balanced		_____ %	T.Rowe Price Retirement 2015 Fund (designed for those born between 1948-1952)
_____ %	Fidelity Puritan Fund	_____ %	T.Rowe Price Retirement 2020 Fund (designed for those born between 1953-1957)
_____ %	T.Rowe Price Retirement Balanced Fund	_____ %	T.Rowe Price Retirement 2025 Fund (designed for those born between 1958-1962)
Large Cap		_____ %	T.Rowe Price Retirement 2030 Fund (designed for those born between 1963-1967)
_____ %	American Century Equity Growth Fund (Institutional Shares)	_____ %	T.Rowe Price Retirement 2035 Fund (designed for those born between 1968-1972)
_____ %	American Funds - The Growth Fund of America (R6 Shares)	_____ %	T.Rowe Price Retirement 2040 Fund (designed for those born between 1973-1977)
_____ %	Delaware Value Fund (Institutional Class)	_____ %	T.Rowe Price Retirement 2045 Fund (designed for those born between 1978-1982)
_____ %	Parnassus Equity Income Fund (Institutional Shares)	_____ %	T.Rowe Price Retirement 2050 Fund (designed for those born between 1983-1987)
_____ %	Vanguard Institutional Index Fund	_____ %	T.Rowe Price Retirement 2055 Fund (designed for those born between 1988-1992)
Mid Cap		_____ %	T.Rowe Price Retirement 2060 Fund (designed for those born in 1993 or after)
_____ %	Janus Enterprise Fund (N Shares)		
_____ %	T. Rowe Price Mid Cap Value Fund		
_____ %	Vanguard Mid Cap Index Fund (Institutional Plus Shares)		
Small Cap			
_____ %	T. Rowe Price Institutional Small Cap. Stock Fund		
_____ %	Vanguard Small-Cap Index Fund		

Authorization

Please send me a copy of the Informational Brochure/Prospectus(es).

Please contact me about my other pre-tax investments and/or Roth investments that I would like to roll into this plan.

I authorize my employer to reduce my salary by the above amount which will be credited to the State of Maryland 457(b) 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 Administrative Services Provider, to make the changes indicated above.

I HAVE READ AND UNDERSTAND EACH OF THE STATEMENTS ON THE FRONT AND BACK OF THIS FORM, INCLUDING THE MEMORANDUM OF UNDERSTANDING WHICH HAVE BEEN DRAFTED PURSUANT TO 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.

Participant Signature:	Date:
Retirement Specialist Name:	Agent Number:

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 800-966-6355.
Fax number: 443-886-9403