



Paycheck Contribution Election Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan

98966-01

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at www.mass-smart.com or contact Service Provider at 1-877-457-1900.

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.

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

Division/Payroll Center

I have a retirement savings account with a previous employer or an IRA. ☐ Yes or ☐ No

I would like help consolidating my other retirement accounts into my account with Empower.* ☐ Yes, I would like a representative to call me at phone # _____ - _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 8 a.m. to 10 p.m. Eastern time). *Rollovers are subject to my Plan's provisions.

B Payroll Election(s)

Paycheck Contribution Election (Payroll Deductions)

Select One: ☐ Sick & Vacation Pay ☐ Other (one-time Deferral) Specify reason: _____

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

☐ Before-Tax Contributions \$ _____ or _____ % (\$10.00 - \$23,500.00 or 1% - 100%)

☐ Roth Contributions \$ _____ or _____ % (\$10.00 - \$23,500.00 or 1% - 100%)

Payroll Effective Date (mm/dd/yyyy) ____/____/____ Date of Hire (mm/dd/yyyy) ____/____/____

The total annual before tax and Roth contributions cannot exceed \$23,500.00 of my eligible compensation in the 2025 tax year.

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- Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified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.
- I may change the dollar amount or 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.

D Mailing Instructions

Participant forward to Human Resources/Payroll Department

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