

Paycheck Contribution Election Governmental 457(b) Plan

| Use bla Servic | Of Petaluma Deferred Compensat lack or blue ink when completing this form. e Provider at 1-866-816-4400. | | 743699-01 his form, visit the Web site at empowermyretirement.com or contact | | | | |
|---|--|---|--|--|--|--|--|
| - 1 | Participant Information | | | | | | |
| tr d | Account extension, if applicable, identifies funds ransferred to a beneficiary due to participant's Jeath, alternate payee due to divorce or a participant with multiple accounts. | Account Extension | Social Security Number (Must provide all 9 digits) | | | | |
| | ast Name The name provided MUST match the name on file v | First Nan with Service Provider.) | ne M.I. | | | | |
| BP | Payroll Election(s) | | | | | | |
| Ρ | Paycheck Contribution Election (Payro | ll 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 (up to \$23,000.00) Roth Election \$ | | | | | | | |
| | Date of Hire (<i>mm/dd/yyyy</i>) / The total annual before-tax and Roth contributions cannot exceed \$23,000.00 of my eligible compensation in the 2024 tax year. | | | | | | |
| N | Multiple Recordkeepers (Specify recordkeeper name) | | | | | | |
| 1 1 2 | Recordkeeper Name | er pay period) indicated below | \$ | | | | |
| С | Catch-Up Election | | | | | | |
| I P C Ş y | 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): Payroll Effective Date (mm/dd/yyyy)/ / The total before-tax Age 50 Catch-Up amount cannot exceed \$7,500.00 of my eligible compensation in the 2024 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. | | | | | | |
| S | <u>-OR-</u> <u>Special §457 Catch-Up:</u> I elect to contribute to the Plan the Special §457 Catch-Up amounts of my eligible compensation as indicated below (<i>per pay period</i>): | | | | | | |
| | Payroll Effective Date (mm/dd/yyyy) / / | | | | | | |
| T <i>tf</i> tr a | The total before-tax Special §457 Catch-Up at he basic contribution amount, the aggregate he three calendar years that END PRIOR TC amounts" by not contributing the maximum an have calculated the total underutilized amount | mount cannot exceed \$23,00 maximum available is \$46,00 D Normal Retirement Age (NF nount available to me under th nts I have available for Specia | 00.00 of my eligible compensation in the 2024 tax year. (When added to 00.00 in 2024.) I may only use Special §457 Catch-Up in one or more of RA). I have designated my NRA year below. I must have "underutilized his Plan in any prior calendar years in which I was eligible to participate. al §457 Catch-Up using the attached Underutilized Amounts Worksheet 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. | | | | | |

| | | | | | 743699-01 | | | |
|---|--|--------------------|---------------|------------------------|-----------|--|--|--|
| | Last Name | First Name | M.I. | Social Security Number | Number | | | |
| С | 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 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. | | | | | | | |
| | 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 | | | | , | | | |
| | 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 Emp Employer DO NOT send this form to | • | etain for you | r records. | | | | |

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Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower is not affiliated with MassMutual, Talcott, or any of their respective affiliates.

Underutilized Amounts Worksheet for Special §457 Catch-Up

Begin with the first year you became eligible to participate in this Plan. Ignore all prior years.

Instructions:

- 1. Multiply your includible compensation by the percentage in column A, and enter this amount in column A (includible compensation).
 - a. For years prior to 2002, includible compensation is equivalent to the amount shown on the W-2 in Box 1 (or Box 10 for years prior to 1993).
 - b. For 2002 and thereafter, includible compensation is equivalent to the amounts shown on the W-2 in Box 1, PLUS any amounts received from your employer as a qualified transportation fringe benefit, any amounts deferred under a §125 cafeteria plan and any contributions to a §401(k), §403(b) and §457(b) plan.
- 2. In column C, enter the lesser of the amount in column A (includible compensation) or B (basic annual §457(b) contribution limit).
- 3. From column C, subtract columns D (actual contributions) and E (other contributions) and enter that amount in column F (underutilized amount).
- 4. Add totals from column F in the TOTAL UNDERUTILIZED AMOUNTS line at the end of the worksheet; this is your total underutilized amount.
- 5. You may only use an underutilized amount equal to the current year's basic annual §457(b) contribution limit. Any remaining underutilized amount may be contributed in any remaining special catch-up years, up to an amount equal to that year's basic annual §457(b) contribution limit.
- 6. NRA may not be changed in your second and third year of catch-up and you must subtract the Special §457 Catch-Up amounts you contributed in a prior year from the total underutilized amounts to determine your remaining underutilized amounts.

| | Α | В | С | D | E | F |
|------------------|---|--|-----------------------------------|---|--|-------------------------|
| Calendar Year | Includible Compensation (See Instruction #1) | Basic §457(b) Contribution Limit | Lesser of <u>A</u> or <u>B</u> | Actual Contributions to <u>this</u> 457(b) Plan | Contributions to another 457(b), 403(b) or 401(k) for Years Prior to 2002 and thereafter, only to another §457(b) | Underutilized Amount |
| 1979 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1980 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1981 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1982 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1983 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1984 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1985 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1986 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1987 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1988 | 33.3% X \$= \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1989 | 33.3% X \$= \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1990 | 33.3% X \$= \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1991 | 33.3% X \$= \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1992 | 33.3% X \$= \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1993 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1994 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1995 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1996 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1997 | 33.3% X \$ = \$ | \$7,500 | \$ | \$ | \$ | \$ |
| 1998 | 33.3% X \$ = \$ | \$8,000 | \$ | \$ | \$ | \$ |
| 1999 | 33.3% X \$ = \$ | \$8,000 | \$ | \$ | \$ | \$ |
| 2000 | 33.3% X \$ = \$ | \$8,000 | \$ | \$ | \$ | \$ |
| 2001 | 33.3% X \$ = \$ | \$8,500 | \$ | \$ | \$ | \$ |
| 2002 | 100% X \$= \$ | \$11,000 | \$ | \$ | Other 457(b) \$ | \$ |
| 2003 | 100% X \$= \$ | \$12,000 | \$ | \$ | Other 457(b) \$ | \$ |
| 2004 | 100% X \$= \$ | \$13,000 | \$ | \$ | Other 457(b) \$ | \$ |
| 2005 | 100% X \$ = \$ | \$14,000 | \$ | \$ | Other 457(b) \$ | \$ |
| 2006 | 100% X \$= \$ | \$15,000 | \$ | \$ | Other 457(b) \$ | \$ |
| 2007 | 100% X \$ = \$ | \$15,500 | \$ | \$ | Other 457(b) \$ | \$ |
| 2008 | 100% X \$= \$ | \$15,500 | \$ | \$ | Other 457(b) \$ | \$ |
| 2009 | 100% X \$= \$ | \$16,500 | \$ | \$ | Other 457(b) \$ | \$ |
| 2010 | 100% X \$= \$ | \$16,500 | \$ | \$ | Other 457(b) \$ | \$ |
| 2011 | 100% X \$ = \$ | \$16,500 | \$ | \$ | Other 457(b) \$ | \$ |
| 2012 | 100% X \$ = \$ | \$17,000 | \$ | \$ | Other 457(b) \$ | \$ |
| 2013 | 100% X \$= \$ | \$17,500 | \$ | \$ | Other 457(b) \$ | \$ |

| | Α | В | С | D | E | F |
|------------------|---|--|-----------------------------------|---|--|-------------------------|
| Calendar Year | Includible Compensation (See Instruction #1) | Basic §457(b) Contribution Limit | Lesser of <u>A</u> or <u>B</u> | Actual Contributions to <u>this</u> 457(b) Plan | Contributions to another 457(b), 403(b) or 401(k) for Years Prior to 2002 and thereafter, only to another §457(b) | Underutilized Amount |
| 2014 | 100% X \$ = \$ | \$17,500 | \$ | \$ | Other 457(b) \$ | \$ |
| 2015 | 100% X \$= \$ | \$18,000 | \$ | \$ | Other 457(b) \$ | \$ |
| 2016 | 100% X \$ = \$ | \$18,000 | \$ | \$ | Other 457(b) \$ | \$ |
| 2017 | 100% X \$ = \$ | \$18,000 | \$ | \$ | Other 457(b) \$ | \$ |
| 2018 | 100% X \$ = \$ | \$18,500 | \$ | \$ | Other 457(b) \$ | \$ |
| 2019 | 100% X \$ = \$ | \$19,000 | \$ | \$ | Other 457(b) \$ | \$ |
| 2020 | 100% X \$ = \$ | \$19,500 | \$ | \$ | Other 457(b) \$ | \$ |
| 2021 | 100% X \$= \$ | \$19,500 | \$ | \$ | Other 457(b) \$ | \$ |
| 2022 | 100% X \$ = \$ | \$20,500 | \$ | \$ | Other 457(b) \$ | \$ |
| 2023 | 100% X \$ = \$ | \$22,500 | \$ | \$ | Other 457(b) \$ | \$ |

Total Underutilized Amounts (Column F)

Prior Special §457 Catch-Up Contributions, if any *(Column E)* Total Underutilized Amounts Remaining \$_____ (subtract) = \$_____ (equals)

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