

MONTGOMERY COUNTY PUBLIC SCHOOLS**MCPS Retirement
§403(b) Leave Payout Contribution Agreement**Chief Financial Officer, Division of Investments
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850**SECTION I—Employee Information (Please Print)**

First Name _____ Last Name _____

MCPS Employee ID (required) _____ Retirement Date ____/____/____

Home Phone ____-____-____ Work Phone ____-____-____

Union Affiliation: MCAAP/MCBOA MCEA SEIU**SECTION II—Earned Unused Leave Payout at Retirement Election****Internal Revenue Service contribution limits for 2020:
Standard limit of \$19,500. Age 50 catch-up of an additional \$6,500.**

I am eligible to contribute (based on IRS limits): \$ _____

Less YTD 403(b) contributions: \$ _____ I elect to contribute up to the maximum allowed.Estimated amount eligible to contribute: \$ _____ I elect to contribute \$ _____

Value of my earned unused leave: \$ _____

Important notice: If you return to work for MCPS in ANY CAPACITY and are under age 59½ you become ineligible for a distribution based on separation of service regardless of whether or not you are receiving a pension benefit.**SECTION III—Agreement and Signature**I elect to contribute a portion of my earned unused leave to my MCPS Fidelity 403(b) account and hereby direct MCPS to reduce my leave payout by the amount elected in Section II. MCPS will remit my leave payout contribution to my 403(b) account at Fidelity Investments. Please visit www.NetBenefits.com/mcps to register and log in to your account.

I understand and agree that:

- Incomplete forms will be returned to me via Pony;
- This agreement must be submitted with my retirement forms 30 days prior to my retirement date;
- This agreement is binding and irrevocable with respect to amounts paid or made available while this agreement is in effect unless I submit a revised form to the retirement team at Employee and Retiree Services Center (ERSC) at least 2 weeks prior to my retirement;
- This agreement shall remain in effect for the duration of my employment with MCPS or until changed or terminated by me or MCPS in accordance with the procedures outlined in the Plan document;
- I am responsible for performing, or having performed on my behalf, the calculations to determine my maximum contribution amount, and;
- By signing this 403(b) Leave Payout Agreement, I certify that my salary reduction contributions, including the amount of my estimated leave payout, do not exceed 88% of the approved leave payout up to the maximum annual contribution limits of Sections 415(c)(1), 403(g), and 414(v) of the Internal Revenue Code.

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature

Employee Signature _____ Today's Date ____/____/____

**For answers to Leave Payout questions, please see 403(b)/457(b) Leave Payout FAQs,
also available under Tools & Resources at www.NetBenefits.com/mcps.****Completed form should be delivered to:
MCPS/ERSC****Attn: Retirement Team****45 West Gude Drive, Suite 1200, Rockville, MD 20850****OR if signed electronically, submit to ERSC@mcpsmd.org from your MCPS email address.***As a plan participant, you are solely responsible for the review and selection of any and all plan investment options. You must review investment choices offered by the MCPS plans carefully before making any investment decisions. Neither MCPS nor any of its employees has any liability or responsibility for investment options that you select.***MCPS Use Only**

Initials: _____

Date Input: ____/____/____