

# Plan highlights for the Prince George's County 457 Deferred Compensation Plan

## Getting started

Enrolling in the Plan is easy.

1. Obtain the enrollment form located online at [www.princegeorgescountymd.gov/3699/Deferred-Compensation-Plan](http://www.princegeorgescountymd.gov/3699/Deferred-Compensation-Plan)
2. Complete the form and return to [PGCDeferredComp@co.pg.md.us](mailto:PGCDeferredComp@co.pg.md.us).
3. Once your enrollment is complete, you then can access your account and take advantage of online tools and resources.

## Making contributions

- The IRS limits the total amount of pretax contributions you may make each calendar year. For 2024, this limit is \$23,000.
- If you reach age 50 anytime during the calendar year or are over 50, you may make additional pretax contributions above and beyond normal plan and legal limits. For 2024, you can make up to \$7,500 in additional contributions .
- If you are within three years of your normal retirement age, you may be eligible to contribute an additional amount of up to the lesser of either twice the normal contribution limit for the current tax year or the contribution limit for the year plus unused deferral amounts.

- To change your contribution, you can update your bi-weekly payroll contribution by logging into your Empower account.
- You may be able to roll over your existing retirement savings into this plan. Consolidating your retirement savings can help you continue benefiting from tax-deferred growth — despite any disruptions that may occur during your working life. Make sure to consider all your options and their features and fees before moving money between accounts.
- To learn more about making rollover contributions to this plan, call **1-866-816-4400** and a retirement specialist will assist you.

### How are my contributions invested?

You direct where your account is invested, and a wide range of investment options is available as part of your plan. Log in to your retirement account for specific details and plan offerings. You may change how your account is invested at any time.

### How does vesting (ownership) apply to my account?

You are always 100% vested in your contributions plus any earnings.

### When may I withdraw money from the plan?

Distributions are available in the following situations:

- Termination\*
- Retirement\*
- Age 70½ for an in-service withdrawal, including rollovers
- Death of participant
- Unforeseeable emergency

\* You must take your first required minimum distribution after you reach age 73.

### Beneficiary

You must select a beneficiary for your account. If you do not designate a beneficiary, your retirement plan rules will determine who will receive your assets should you pass away. You can view or change your beneficiary information by logging in to your account at **[empower.com/pgcounty](https://empower.com/pgcounty)**.

### Consolidating your retirement assets

Rollovers from other qualified plans (401(k), 403(b), etc.) and IRAs are allowed at any time. Empower's rollover team is ready to assist you. You can reach them by either:

- Calling **1-866-816-4400** for one-on-one assistance.
- Logging in to your account at **[empower.com/pgcounty](https://empower.com/pgcounty)**.

Prior to any rollovers, you should be aware of any possible transfer fees, loss of vested benefits and/or surrender changes that may be imposed by the current plan when funds are rolled over.

---

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal, or tax recommendations or advice.

Apple, Apple Watch and App Store are trademarks of Apple Inc. iOS is a registered trademark of Cisco in the U.S. and other countries and is used under license.

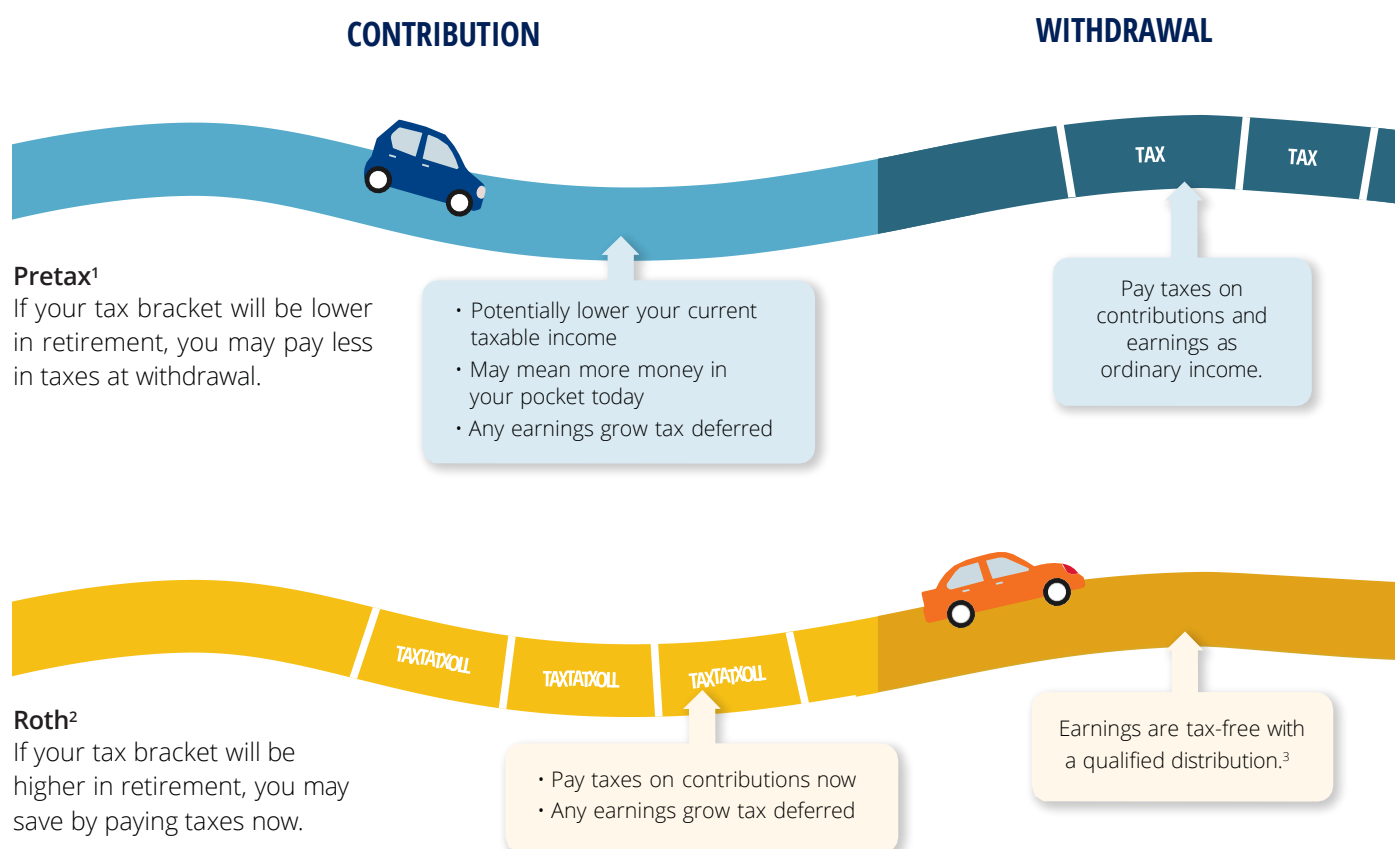
Android and Google Play are trademarks of Google LLC.

"EMPOWER" and all associated logos and product names are trademarks of Empower Annuity Insurance Company of America.

©2024 Empower Annuity Insurance Company of America. All rights reserved. 767522-FLY-WF-1623252-1022(2084473) RO3365857-0124

# Pretax or Roth: Which road to take?

Before you determine which road or combination of roads may be right for you, you'll need to consider a few important factors, including when you want to pay taxes. Let's take a closer look.



Visit [learningfromempower.com](https://learningfromempower.com) to access helpful information, videos, calculators and more



## Participant Enrollment Governmental 457(b) Plan

### Prince George's County Deferred Compensation Plan and Trust

767522-01

#### Participant Information

\_\_\_\_\_  
Last Name First Name MI  
(The name provided MUST match the name on file with Service Provider.)

\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City State Zip Code

( ) ( )  
Home Phone Work Phone

☐ Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? ☐ Yes ☐ No

Would you like help consolidating your other retirement accounts into your 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 your Plan's provisions.

#### Payroll Information

- ☐ I elect to contribute \$ \_\_\_\_\_ (up to \$23,000.00) per pay period of my compensation as Deferred Salary contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.
- ☐ I elect to contribute \$ \_\_\_\_\_ (up to \$23,000.00) per pay period of my compensation as Roth contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: \_\_\_\_\_  
Mo Day Year

**Investment Option Information (applies to all contributions)** - Please refer to your communication materials for information regarding each investment option and Asset Allocation Models.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either an Asset Allocation Model (A) or your own investment options (B).

**(A) Asset Allocation Model Selection** - only one model can be selected

Asset Allocation Model Name	Model Selection	Asset Allocation Model Name	Model Selection
PGC Aggressive AGGRESSIVE	<input type="checkbox"/>	PGC Moderate MODERATE	<input type="checkbox"/>
PGC Conservative CONS	<input type="checkbox"/>	PGC Ultra Aggressive ULTRA AGGR	<input type="checkbox"/>
PGC Moderate Conservative MOD CONS	<input type="checkbox"/>		

**(B) Select Your Own Investment Options**

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
American Funds 2010 Trgt Date Retire R6.....	RFTTX	_____	Hood River Small-Cap Growth Retirement.....	HRSIX	_____
American Funds 2015 Trgt Date Retire R6.....	RFJTX	_____	Fidelity Mid Cap Index.....	FSMDX	_____
American Funds 2020 Trgt Date Retire R6.....	RRCTX	_____	JPMorgan Mid Cap Growth R6.....	JMG MX	_____
American Funds 2025 Trgt Date Retire R6.....	RFD TX	_____	Victory Sycamore Established Value R6.....	VEVRX	_____

				767522-01 Number
Last Name	First Name	M.I.	Social Security Number	

<b>INVESTMENT OPTION</b>	<b>INVESTMENT OPTION</b>
--------------------------	--------------------------

<b>NAME</b>	<b>TICKER CODE</b>	<b>%</b>	<b>NAME</b>	<b>TICKER CODE</b>	<b>%</b>
American Funds 2030 Trgt Date Retire R6.....	<b>RFETX</b>	<b>RFETX</b>	American Century Ultra R6.....	<b>AULD</b>	<b>AULD</b>
American Funds 2035 Trgt Date Retire R6.....	<b>RFFT</b>	<b>RFFT</b>	American Funds Washington Mutual R6.....	<b>RWMG</b>	<b>RWMG</b>
American Funds 2040 Trgt Date Retire R6.....	<b>RFGT</b>	<b>RFGT</b>	Fidelity 500 Index.....	<b>FXAI</b>	<b>FXAI</b>
American Funds 2045 Trgt Date Retire R6.....	<b>RFHT</b>	<b>RFHT</b>	JPMorgan US Equity R6.....	<b>JUEM</b>	<b>JUEM</b>
American Funds 2050 Trgt Date Retire R6.....	<b>RFIT</b>	<b>RFIT</b>	American Century Stat Allc: Agrsv R6.....	<b>AAAU</b>	<b>AAAU</b>
American Funds 2055 Trgt Date Retire R6.....	<b>RFKT</b>	<b>RFKT</b>	American Century Stat Allc: Cnsrv R6.....	<b>AACD</b>	<b>AACD</b>
American Funds 2060 Trgt Date Retire R6.....	<b>RFUT</b>	<b>RFUT</b>	American Century Stat Allc: Mod R6.....	<b>ASMD</b>	<b>ASMD</b>
American Funds 2065 Trgt Date Retire R6.....	<b>RFVT</b>	<b>RFVT</b>	Invesco Equity and Income R6.....	<b>IEIF</b>	<b>IEIF</b>
American Funds EuroPacific Gr R6.....	<b>REGR</b>	<b>REGR</b>	Dodge & Cox Income - I.....	<b>DODI</b>	<b>DODI</b>
DFA Emerging Markets Core Equity I.....	<b>DFCE</b>	<b>DFCE</b>	Fidelity US Bond Index.....	<b>FXNA</b>	<b>FXNA</b>
Fidelity International Index.....	<b>FSPS</b>	<b>FSPS</b>	PIMCO Real Return Instl.....	<b>PRRI</b>	<b>PRRI</b>
Hartford International Opp HLS IA.....	<b>HIAO</b>	<b>HIAO</b>	PGIM High-Yield R6.....	<b>PHYQ</b>	<b>PHYQ</b>
Cohen & Steers Realty Shares Z.....	<b>CSJZ</b>	<b>CSJZ</b>	Templeton Global Bond R6.....	<b>FBNR</b>	<b>FBNR</b>
American Century Small Cap Value R6.....	<b>ASVD</b>	<b>ASVD</b>	General Account.....	<b>N/A</b>	<b>MGDJD1</b>
Fidelity Small Cap Index.....	<b>FSSN</b>	<b>FSSN</b>			
			<b>MUST INDICATE WHOLE PERCENTAGES = 100%</b>		

## Participation Agreement

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Options** - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

**Asset Allocation Models** - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected and I have also designated my own investment options, the Asset Allocation Model will supersede my own investment options.

**PGC Aggressive AGGRESSIVE** - RERGX 5% DFCEX 6% ASVDX 4% HIAOX 6% FSPSX 5% CSJZX 4% DODIX 8% MGDJD1 9% FSMDX 5% FBNRX 5% AULD 9% VEVX 5% RWMGX 11% FXAIX 11% HRSIX 4% PRRIX 3%

**PGC Conservative CONS** - HIAOX 5% DODIX 7% MGDJD1 66% FBNRX 5% AULD 6% RWMGX 9% PRRIX 2%

**PGC Moderate Conservative MOD CONS** - RERGX 3% ASVDX 3% HIAOX 4% FSPSX 3% DODIX 7% MGDJD1 46% FSMDX 4% FBNRX 5% AULD 5% VEVX 3% RWMGX 7% FXAIX 8% PRRIX 2%

**PGC Moderate MODERATE** - RERGX 4% DFCEX 4% ASVDX 4% HIAOX 4% FSPSX 4% CSJZX 3% DODIX 10% MGDJD1 20% FSMDX 5% FBNRX 7% AULD 6% VEVX 5% RWMGX 8% FXAIX 10% HRSIX 3% PRRIX 3%

**PGC Ultra Aggressive ULTRA AGGR** - RERGX 6% DFCEX 8% ASVDX 3% HIAOX 7% FSPSX 7% CSJZX 5% DODIX 5% FSMDX 6% FBNRX 5% AULD 11% VEVX 5% RWMGX 13% FXAIX 13% HRSIX 3% FSSNX 3%

Your account will be rebalanced quarterly so that your account aligns with your selected Asset Allocation Model. Rebalancing does not assure a profit and does not protect against loss in declining markets.

**Compliance With Plan Document and/or the Code** - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

767522-01

\_\_\_\_\_  
Number

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

---

## Signature(s) and Consent

### Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

---

### Participant Signature

---

### Date

*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 Approval

---

### Authorized Plan Administrator Signature

---

### Date

*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

**After you signed the document this form can be:**

**Uploaded electronically to:**  
PGCDeferredComp@co.pg.md.us

**OR Sent regular mail to:**  
Retirement Services and Pension Division  
1400 McCormick Drive Suite 125  
Largo, Maryland 20774

**Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC.** EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.



# Beneficiary Designation Governmental 457(b) Plan

Prince George's County Deferred Compensation Plan and Trust

767522-01

## For My Information

- For questions regarding this form, visit the website at [empower.com/pgcounty](http://empower.com/pgcounty) or contact Service Provider at 1-877-301-4571.
- Use black or blue ink when completing this form.

## 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

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth

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

☐ Married

☐ Unmarried

## B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

### Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

%

% of Account Balance

Primary Beneficiary Name

(Name of Individual, Trust, Charity, etc.)

( )

Phone Number (Optional)

Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other

☐ Domestic Partner

%

% of Account Balance

Primary Beneficiary Name

(Name of Individual, Trust, Charity, etc.)

( )

Phone Number (Optional)

Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other

☐ Domestic Partner

%

% of Account Balance

Primary Beneficiary Name

(Name of Individual, Trust, Charity, etc.)

( )

Phone Number (Optional)

Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other

☐ Domestic Partner

### Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

%

% of Account Balance

Contingent Beneficiary Name

(Name of Individual, Trust, Charity, etc.)

( )

Phone Number (Optional)

Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other

☐ Domestic Partner

%

% of Account Balance

Contingent Beneficiary Name

(Name of Individual, Trust, Charity, etc.)

( )

Phone Number (Optional)

Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other

☐ Domestic Partner

Last Name

First Name

M.I.

Social Security Number

Number

<b>B</b>	<b>Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i> <hr/> <b>Contingent Beneficiary Designation</b> <i>(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">%</p> <p>% of Account Balance</p> <p>( )</p> <p>Phone Number <i>(Optional)</i></p> </div> <div style="width: 55%;"> <p>Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i></p> <p>Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i></p> <p> <input type="checkbox"/> Spouse   <input type="checkbox"/> Child   <input type="checkbox"/> Parent   <input type="checkbox"/> Grandchild   <input type="checkbox"/> Sibling   <input type="checkbox"/> My Estate   <input type="checkbox"/> A Trust   <input type="checkbox"/> Other  <input type="checkbox"/> Domestic Partner </p> </div> </div>					
<b>C</b>	<b>Participant Consent for Beneficiary Designation</b> <i>(Please sign on the 'Participant Signature' line below.)</i> <hr/> <p>I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations.</p> <p>If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.</p> <p>This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. <b>Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).</b></p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p> <b>Participant Signature</b> _____ <b>Date (Required)</b> _____  <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i> </p>					
<b>D</b>	<b>Delivery Instructions</b> <hr/> <p>After all signatures have been obtained, this form can be</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>Uploaded Electronically:</b>  Login to account at  <b>empower.com/pgcounty</b>  Click on Upload Documents to submit </td> <td style="width: 33%; text-align: center; vertical-align: top;"> <b>OR</b> </td> <td style="width: 33%; vertical-align: top;"> <b>Sent Regular Mail to:</b>  Empower  PO Box 56025  Boston, MA 02205-6025 </td> <td style="width: 33%; text-align: center; vertical-align: top;"> <b>OR</b> </td> <td style="width: 33%; vertical-align: top;"> <b>Sent Express Mail to:</b>  Empower  8515 E. Orchard Road  Greenwood Village, CO 80111 </td> </tr> </table> <p>We will not accept hand delivered forms at Express Mail addresses.</p>	<b>Uploaded Electronically:</b> Login to account at <b>empower.com/pgcounty</b> Click on Upload Documents to submit	<b>OR</b>	<b>Sent Regular Mail to:</b> Empower PO Box 56025 Boston, MA 02205-6025	<b>OR</b>	<b>Sent Express Mail to:</b> Empower 8515 E. Orchard Road Greenwood Village, CO 80111
<b>Uploaded Electronically:</b> Login to account at <b>empower.com/pgcounty</b> Click on Upload Documents to submit	<b>OR</b>	<b>Sent Regular Mail to:</b> Empower PO Box 56025 Boston, MA 02205-6025	<b>OR</b>	<b>Sent Express Mail to:</b> Empower 8515 E. Orchard Road Greenwood Village, CO 80111		

**Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC.** EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.