Retire ment Plan Administration 403(b) \& 457(b) Maxi mum Contribution Worksheet
Ret urn CompletedForms Via Fax at 714.258.4262or
Upload at https://pa.schoolsfirstfcu.org
Quest ions? Call800.462.8328, extension 4727

| Employee Information | Employee Name | Social Security Number |  |
| :---: | :---: | :---: | :---: |
|  | E-Mail Address | Ocertificated $\bigcirc$ Classified |  |
|  | Name of District | School Name |  |
| 457(b) Calculations | 1. 457(b) Annual Deferral Limit |  | \$19,500.00 |
|  | 2. Age 50(+) Catch-Up Contribution <br> a. Will you reach age 50 or older by $12 / 31 / 20$ ? |  | 2a. 〇Yes ${ }^{\text {a }}$ No |
|  | b. If Yes, enter \$6,500 on line 2b. If No, enter \$0 |  | 2 b . |
|  | 3. Special 457(b) Catch-up Provision. Special 457(b)catch-up contributions may allowa participantto contribute up to twice the standard annual limit for 3 consecutive years prior becoming eligible for Full Retirement benefits under PERS and STRS retirement system (Complete Page 3). Over 50 catch-up cannot be used in conjunction with the Special 457(b) Catch-up. <br> a. Enter amount calculated using page 3, The 457 (b) Worksheet* |  | 3a. *PleaseDo Not Skip |
|  | 4. Add lines 1 and the greater of 2(b) or 3(a). Enter total on line 4. This is your total Max imum 457(b) Contribution Amount for 2020. 2020 Max imum Contribution total cannot exceed $\$ 39,000$. |  | 4. |
|  | 5. Enter total of any contributions already made to a 457(b) plan during 2020. |  | 5. |
|  | 6. Subtract line 5 from line 4. <br> This is the total remaining amount you may contribute to a 457(b) in 2020. |  | 6. |
| 403(b) Calculation | 1. 403(b) \& Roth 403(b) Combined Annual Deferral Limit |  | 1. $\$ 19,500.00$ |
|  | 2. 15-Year Service Credit Catch-up Contribution <br> a. Have you completed 15 or more years ofservice with your current school district/employer? <br> If you answered "No" on Line 2a, skip to Line5 and enter \$0. Do not complete step 2b thru 4b |  | 2a. OYes ONo |
|  | b. Have your total previous 403 (b) contributions averaged less than $\$ 5,000$ per year?* If you answered " No" to Line 2a or 2b, skip to Line 5 and enter \$0. <br> If you answered " Yes" to Line 2a and 2b, continue. <br> **If you have 15 -years of service with your current school district/employer and your deferral average for all previous years does not exceed $\$ 5,000$, you are eligible to defer an annual Catch-up <br> Contribution amount of $\$ 3,000$, up to a maximum lifetimelimit of $\$ 15,000$. (Calculateonthe $403(b)$ Worksheet) |  | $\text { 2b. 〇Yes } \bigcirc^{* \text { Please Do NotSkip }}$ |
|  | 3. Have you made any 15 -Year Service Credit Catch-up Contributionsin the past? <br> If you answered " No" to Line 3, then skip to Line 5 and enter $\$ 3,000$. |  | 3. OYes O |
|  | 4. Complete Section 4 only ifanswer to Line 3 is "Yes": Enter the total amount ofrevious 15-Year Catch-up Contributions madeon Line4. |  | \$15,000.00 |
|  |  |  | 4. |
|  | 5. 15-Year Service Catch-up Contribution Amount Subtract the total amount of previous 15 -Year Catch-up Contributions entered in Line 4 from the maximum lifetime limit of $\$ 15,000$ to determine your remaining catch-up available. Enter the amount calculated or $\$ 3,000$ (whichever is less) in Line 5 . |  | 5. |
|  | 6. Age 50 (+) Catch-up Contribution <br> a. Will you reach age 50 or older by 12/31/2020 |  | 6a. $\mathrm{O}_{\text {Yes }} \mathrm{O}_{\text {No }}$ |
|  | b. If Yes, enter $\$ 6,500$ on line 6 b . If No, enter \$0. |  | 6 b . |
|  | 7. Add lines 1,5 , and $6 b$ then enter the total. 2020 Max imum Total cannot exceed \$29,000. |  | 7. |
|  | 8. Enter the total of any contributions already made to a Traditional and Roth 403(b) planduring 2020 |  | 8. |
|  | 9. Subtract line 8 from line 7 . <br> This is the total remaining amount you may contribute to a 403(b) \& Roth 403(b) during 2020 |  | 9. |
| Employee Signature | IMPORTANT: You may rely on the accuracy of this worksheet if the information you provide is correctand complete. Neither SchoolsFirstP lan Administration nor your Employer has pre-2020 datafor purposes of calculatingthe 457(b)Type" B" Catch-Up Contribution. Please make sure the information you provide is correct. By signing this worksheet, you certify that all the information provided is accurate and you agreeto identify and hold harmless SchoolsFirstPlan Administration and your Employer from any and all damages which may result from providing inaccurate or incomplete information. You understand and agree that your total annual contributions to all district defined contributions may not exceed the lesser of $\$ 57,000$ or $100 \%$ of compensation. |  |  |
|  | Employee Signature: |  |  |

Plan Administration, LLC



