

Lump Sum Deferral Enrollment Form TexaSaver 401(k) and 457 Plans

Payroll Name: _____ **Separation Date:** _____

Social Security Number: _____ **Date of Birth:** _____

I have an existing account or have created an account with Empower prior to my separation/retirement from the state; and I authorize my employer to defer my lump sum salary to my designated account as indicated below in the line provided by each option.

Vacation or Overtime or Both: _____

401(k) or 457: _____

Percentage or Dollar Amount: _____

Traditional or Roth: _____

***Maximum or Specific Percent or Amount:** _____

*I understand that if I elect to defer the maximum possible, a portion of this pay to cover Social Security and Medicare taxes must be available to withhold and cannot be tax deferred. As such, this portion is subject to federal income tax withholding as well, decreasing the option to elect 100% of these funds to be tax deferred.

Participant Signature _____ Date _____

Note to Participant: In order to begin processing, all blanks must be completed.

For HR Use Only

Audited by:

HR Rep Printed Name _____ HR Rep Signature _____ Date _____

Initial upon completion:

- _____ All blanks have been completed.
- _____ Faxed to HRHQ Deferred Compensation Coordinator at 936-437-3577
- _____ Confirmed document was received at 936-437-4208
- _____ Copy to Employee
- _____ Copy to Employee Unit or Department Human Resources File, Activity Section