

Accrued* Vacation and Other Leave Deferral Change Form



modeferredcomp.org | 800-392-0925

***Accrued leave (i.e., the annual leave that has accrued for the participant separating from service)**

TO THE EMPLOYER: The State of Missouri Deferred Compensation Plan (MO Deferred Comp) provides this form for your convenience. You are not required to use it if you prefer an internal method for employees who are separating from service and will defer their accrued leave into the 457 deferred compensation plan. Under plan rules, this is not available for active employees.

TO THE EMPLOYEE: Use this form to establish the amount of your accrued leave you would like to defer to your 457 deferred comp account as a result of your separation from service. Please submit the completed form **directly to your payroll department**.

DEFERRAL LIMITS: IRS regulations allow you to defer the lesser of (1) 100% of your gross compensation less any mandatory pre-tax ("picked-up") employee 457 plan contributions, or (2) a dollar limit in effect for that year. This limit includes any employer contributions made on your behalf. Only future compensation may be deferred. Visit www.modeferredcomp.org to determine this year's annual IRS limits. Contact the plan at 800-392-0925 if you are concerned about the IRS limit.

Employer Plan Number: **306856** Employer Plan Name: **State of Missouri Deferred Compensation Plan**

Participant's Social Security Number: ____ - ____ - ____

Participant's Full Name (LAST, FIRST, M.I.): _____

Please check one or both of the below contribution options:

☐ **PRE-TAX CONTRIBUTIONS:** I authorize my employer to defer ____ % or \$ _____ from my accrued vacation and other leave check to be contributed to my MO Deferred Comp Plan account.

☐ **ROTH CONTRIBUTIONS:** I authorize my employer to defer ____ % or \$ _____ from my accrued vacation and other leave check to be contributed to my MO Deferred Comp Plan account.

EFFECTIVE DATE: This form must be signed and on file with your payroll office **prior to the 1st of the month in which you will terminate service.**

Employee Signature: _____ Date: ____ / ____ / ____

Employer Signature: _____ Date: ____ / ____ / ____

NOTE: Please do not forward a copy of this form to the MO Deferred Comp Plan or the plan's recordkeeper, Voya Financial. This form is for employer use only.