

LUMP SUM ANNUAL/COMP LEAVE PAYOUT FORM

For Deposit into the County's 457 Deferred Compensation Plan (Fidelity)

Complete this form and return it to:

**Payroll Department
8th Floor EOB,
101 Monroe Street, Rockville, MD 20850
payroll@montgomerycounty.gov**

Please print or type the following information:

| | | | |
|---|--|--|--|
| Name | | Date of Birth | |
| Address | | Social Security Number ____ - ____ - ____ | |
| City | | State, Zip Code | |
| Phone Home () - Cell () - | | Email | |

I elect to have \$ _____ (indicate dollars and not hours of leave) of my Lump Sum Annual/Comp Leave Payout deposited into my Montgomery County Deferred Compensation Plan account from my _____ final leave pay out check.
(Enter check date)

Termination/Retirement Date: _____

I understand that the amount I have elected cannot exceed the total number of dollars allowed under Federal Law. I further understand that any funds not able to be deposited into my Montgomery County Deferred Compensation Plan account will be direct deposited, if authorized, or a check will be sent to my address of record. I understand that the Plan will not be held responsible for any tax penalties that may occur for an incomplete submission.

I agree to the terms of the Montgomery County Deferred Compensation Plan. I acknowledge that I have received and reviewed a prospectus for the mutual funds in which I am investing and that I understand the potential risks associated with these investments.

Participant's Signature: _____ **Date:** _____

Note: This allocation will not affect any current or future investment elections. If you wish to make changes to current or future investment elections, you will need to call 1-800-343-0860.