



Paycheck Contribution Election  
403(b) Plan

Roman Catholic Bishop of Worcester 403(b) Plan

762899-01

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at [empowermyretirement.com](http://empowermyretirement.com) or contact Service Provider at 1-800-338-4015.

**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.

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

Payroll Center

**B Payroll Election(s)**

**Paycheck Contribution Election (Payroll Deductions)**

**Voluntary Contributions**

Select One: ☐ Start ☐ Restart ☐ Change ☐ Stop

I elect to contribute to the Plan the following percentage(s) of my eligible compensation indicated below (*per pay period*):

☐ Before Tax Contributions \_\_\_\_\_% (1% - 100%; Not to exceed \$24,500.00 OR \$35,750.00 if electing Age Catch-Up with an additional amount (up to \$3,000.00) if I have also elected Regular Catch-Up)

Date of Hire (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

If I qualify for both, I may have Age Catch-Up and Regular Catch-Up contributions.

**Age Catch-Up** - The total annual before-tax Age 50 Catch-Up amount cannot exceed \$8,000.00 of my eligible compensation in the 2026 tax year (*when added to the basic contribution amount, the aggregate maximum available is \$32,500.00 in 2026*). I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. The total annual before-tax Age 60-63 Catch-Up amount cannot exceed \$11,250.00 of my eligible compensation in the 2026 tax year (*when added to the basic contribution amount and the Age 50 Catch-Up amount, the aggregate maximum available is \$35,750.00 in 2026*). I must be age 60 through age 63 during this calendar year, and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. During the calendar year in which you turn age 64, you can start contributing the Age 50 Catch-Up amounts. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions. If your FICA compensation (in Box 3 of your Form W-2) as of December 31, 2025 exceeded \$150,000.00, then you may not make Age Catch-up contributions.

**Regular Catch-Up** - I must have completed at least 15 years of service with my current employer to be eligible for 403(b) Regular Catch-Up. My current employer is an educational organization, hospital, home health service agency, health and welfare service agency, church, or convention or association of churches. The calculation tools are provided for my convenience and I should consult with my tax advisor about my tax situation.

| Column A   | Column B                                        | Column C                                                                        |
|------------|-------------------------------------------------|---------------------------------------------------------------------------------|
| \$3,000.00 | \$15,000.00                                     | \$5,000.00                                                                      |
|            | All prior regular Catch-Up amounts (-) \$ _____ | Number of years of service with your current employer (x) \$ _____              |
|            | (subtract)                                      | (multiply)                                                                      |
|            | Total (=) \$ _____                              | All prior years elective deferrals to 403(b), 401(k) and SEP plans (-) \$ _____ |
|            |                                                 | (subtract)                                                                      |
|            |                                                 | Total (=) \$ _____                                                              |

My Regular Catch-Up amount is the **lesser** of the amounts indicated in Column A, Column B or Column C.

The total annual before-tax Regular Catch-Up amounts cannot exceed the calculated amount. If I stop deferrals and/or do not defer the maximum amount during this calendar year, the Age Catch-Up and/or Regular Catch-Up amounts elected to contribute will not be considered Catch-Up deferrals. If I am eligible for both Age Catch-Up and Regular Catch-Up, the amounts contributed above the maximum will first be treated as amounts of Regular Catch-Up and then Age Catch-Up.

☐ I elect to cancel my Catch-Up contribution election.

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

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

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

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

Number \_\_\_\_\_

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C</b> | <b>Signatures and Consent</b> <i>(Signatures must be on the lines provided.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|          | <b>Participant Consent</b> <i>(Please sign on the 'Participant Signature' line below.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|          | <p>My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:</p> <ul style="list-style-type: none"> <li>Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.</li> <li>I may change the percentage of compensation contributed as allowed under the terms of the Plan.</li> <li>It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.</li> <li>My Plan Administrator may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.</li> <li>I authorize the payroll deduction as indicated on this form.</li> </ul> <p>Any person who presents false or fraudulent information is subject to criminal and civil penalties.</p> <p> <b>Participant Signature</b> _____ <b>Date (Required)</b> _____<br/> <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>Authorized Plan Administrator Signature</b> <i>(Please sign on the 'Authorized Plan Administrator Signature' line below.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|          | <p>I authorize the election indicated by the participant above.</p> <p> <b>Authorized Plan Administrator Signature</b> _____ <b>Date (Required)</b> _____<br/> <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> <p> <b>Print Full Name</b> _____         </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>D</b> | <b>Mailing Instructions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|          | <p>Participant forward this form to Employer</p> <p>Employer DO NOT send this form to Service Provider. Please retain for your records.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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