

Maryland State Core and MCPS Supplemental Retirement and Pension System**Retirement Forms Checklist: State Core Plan - Required Forms**

- _____ Form 13/23 Application for Service or Disability Retirement
(Include proof of your beneficiary's date of birth if selecting option 2, 3, 5 or 6)
- _____ Form 4 Designation of Beneficiary (do not use if selecting option 2, 3, 5 or 6)
- _____ Form W-4P Federal Tax Withholding
- _____ Form 766.11 Maryland State Tax Withholding Request
- _____ Form 85 Electronic Funds Transfer Sign-Up

MCPS Supplement Plan - Required Forms

- _____ MCPS 455-2 Application for Retirement
(Include proof of your beneficiary's date of birth if selecting option C or D. Only one beneficiary can be designated if selecting option C or D.)
- _____ MCPS 455-2B Addendum to Application for Retirement / Notice of Separation
- _____ MCPS 455-2B Resolution of Financial Obligation to MCPS
- _____ MCPS 455-5 Designation of Beneficiary
- _____ MCPS W-4P Federal Tax Withholding
- _____ MCPS 281-50 MCPS Form 281-50, MCPS Employees' Retirement/Pension System Maryland State Withholding request
- _____ Aetna EFT Electronic Funds Transfer Authorization with "VOIDED" check
- _____ MCPS 455-22R Retiree Benefit Plan Enrollment
(Must include copy of Medicare Parts A and B card for any covered individual eligible for Medicare at retirement)
- _____ MCPS 480-4G Notice of Termination/Retirement (Complete online)

Optional Forms

- _____ MCPS 455-26 Application for Lump Sum (De minimis) Retirement Distribution
(To determine if you are eligible for a de minimis lump sum distribution, run an estimate on Penpoint. Include this form if your monthly MCPS supplement retirement benefit is less than \$100.)
- _____ MCPS W4-R Federal Tax Withholding
- _____ MCPS 445-1B Change in Personal Information
- _____ MCPS 455-28 403(b) Leave Payout Contribution Agreement
- _____ MCPS 455-29 457(b) Leave Payout Contribution Agreement
- _____ Out-of-State Income Tax Withholding Form (Available online)

Where/When to Send Forms: ALL completed forms must be submitted **30 days** prior to the date of retirement to the following address: Montgomery County Public Schools, Employee and Retiree Service Center (ERSC), 45 West Gude Drive, Suite 1200, Rockville, MD 20850

Medicare Eligible Retirees/Spouses: If you and/or your covered spouse are or will be 65 on the date of retirement, you must be enrolled in both Parts A and B of Medicare to remain with the MCPS medical and prescription benefits. **You must submit a copy of the Medicare card(s) with Parts A and B to ERSC 60 days prior to your retirement date in order to continue the medical and prescription benefits through MCPS.** You should contact the Social Security Administration at 1-800-772-1213 or www.ssa.gov for information regarding Medicare benefits.

RETIREMENT ALLOWANCE OPTIONS

YOU MAY CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS.

INDICATE YOUR SELECTION BY SIGNING IN THE APPROPRIATE BOX BELOW.

BASIC ALLOWANCE:

The Basic Allowance pays you the largest possible amount of money each month until your death. All monthly payments stop at your death, including beneficiary health coverage for state employees. After your death, your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later.

SIGNATURE Lemon C Early DATE 03/02/2025

OPTION 1:

Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 1 does not provide for continued beneficiary health coverage after your death.

SIGNATURE _____ DATE _____

OPTION 2:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE _____ DATE _____

OPTION 3:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

OPTION 4:

Provides a lower monthly benefit than the Basic Allowance, but Guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 4 does not provide for continued beneficiary health coverage after your death.

SIGNATURE _____ DATE _____

OPTION 5:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE _____ DATE _____

OPTION 6:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

IMPORTANT: This page must be completed by your employer and returned with your application unless you have been separated from employment for at least 60 days. If you have been separated from employment for 60 days or more, your former employer does not need to complete this page.

Employer's Certification of Separation from Employment, Wages, Contributions and Sick Leave

For: LEMON C EARLY TEACHER
Applicant's Name Job Classification

Applicant's Social Security number: 1 2 3 - 4 5 - 6 7 8 9

A. The most recent payroll period reported was: - -
Month Day Year

B. The projected payroll information to be reported prior to retirement is:

Contribution \$ Standard hours Actual Hours Paid Pay Period Ending
MO DAY YR

Contribution \$ Standard hours Actual Hours Paid Pay Period Ending
MO DAY YR

Contribution \$ Standard hours Actual Hours Paid Pay Period Ending
MO DAY YR

Final
Contribution \$ Standard Hours Actual Hours Paid Pay Period Ending
MO DAY YR



No retirement contribution is due for a pay period **ending** on or after the retirement date.

C. The employee is separating from employment with the employer. The employee's last day on payroll is: .

Federal law prohibits the Maryland State Retirement and Pension System from paying benefits prior to "separation from employment." "Separation from employment" may only occur on resignation, retirement, discharge, or death, and not on transfer, promotion, or otherwise continuing employment with the same employer without interruption. State law requires that there be a minimum of **45 days** from the date of retirement and the date the individual is reemployed, on a permanent, temporary, or contractual basis, by: (a) the State or any other participating employer, or (b) a withdrawn participating governmental unit ("PGU"), if the retiree was an employee of the withdrawn PGU while it was a participating employer.

D. Salary Change: Did the employee's salary change since most recent payroll period reported or will the employee's salary change before the date of retirement?..... ☐ YES ☐ NO

If yes, the employee's new annual salary is \$ and is effective
MO DAY YR

E. Unused Sick Leave: Member must retire within 30 days of separating from employment to be eligible to receive additional creditable service for unused sick leave. The agency must be notified of all changes in unused sick leave. Unused sick leave must be reported at the time the member files for retirement and again 30 days after the effective date of retirement. Retirement Coordinator: Please retain a copy and submit recertified sick leave 30 days after retirement. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.

Initial Reporting:	Total DAYS of unused sick leave (If none, enter word NONE) <u> </u> as of <u> </u> <u> </u> <u> </u> MO DAY YR
Recertified Sick Leave:	Total DAYS of unused sick leave (If no change, enter no change) <u> </u> as of <u> </u> <u> </u> <u> </u> MO DAY YR Retirement Coordinator recertifying leave must initial here: <u> </u> Date: <u> </u>

I certify that the above information regarding wages, contributions, separation from service, and sick leave is true and accurate to the best of my knowledge and that I am authorized to certify this information by the employer. I will report any changes to unused sick leave occurring between the date certified and the actual date of retirement.

Signature of Authorized Agent Printed Name of Authorized Agent Title of Authorized Agent

Date Full Name of Employer **DIRECT** Telephone Number

Submit form directly to: Maryland State Retirement and Pension System, 120 East Baltimore St., Baltimore, MD 21202-6700



DESIGNATION OF BENEFICIARY

IMPORTANT: Please return completed form to the address listed above. Print clearly and read the instructions first. Fill in all sections. Retain a copy for your records.

Print

Clear fields

FOR RETIREMENT USE ONLY

FORM 4 (REV. 3/21)

APPLICANT'S SOCIAL SECURITY NUMBER

CHECK ONE: ☐ Active ☐ Vested ☒ Retired (If retiring, retirement date 07/01/2025)

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

IMPORTANT: If you are retired under Option 2, 3, 5 or 6, **STOP**. You cannot use this form. You must complete a Form 66 to initiate any beneficiary changes.

APPLICANT'S NAME

LEMON

C
Initial

EARLY
Last

HOME ADDRESS

120 EAST BALTIMORE ST

Number and Street

BALTIMORE

City

MD

State

21202

ZIP Code

PRIMARY BENEFICIARY(IES) All money shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death.

☐ Check if you used an additional Form 4 to name additional primary beneficiaries.

BENEFICIARY'S NAME RELATIONSHIP SPOUSE

Gender: F Birthdate: 02 11 1957
(M or F) Month Day Year

APPLE

B

EARLY

First

Initial

Last

BENEFICIARY'S ADDRESS 120 EAST BALTIMORE ST, BALTIMORE, MD 21202

BENEFICIARY'S NAME RELATIONSHIP _____

Gender: _____ Birthdate: _____
(M or F) Month Day Year

First

Initial

Last

BENEFICIARY'S ADDRESS _____

CONTINGENT BENEFICIARY(IES) If all primary beneficiaries die before me all money shall be paid in equal shares to the following person(s) who are living at the time of my death.

☐ Check if you used an additional Form 4 to name additional contingent beneficiaries.

BENEFICIARY'S NAME RELATIONSHIP SON

Gender: M Birthdate: 05 08 1988
(M or F) Month Day Year

ORANGE

A

EARLY

First

Initial

Last

BENEFICIARY'S ADDRESS 6151 RICHMOND STREET, ROCKVILLE, MD 20850

BENEFICIARY'S NAME RELATIONSHIP DAUGHTER

Gender: F Birthdate: 07 15 1990
(M or F) Month Day Year

PEAR

B

LATE

First

Initial

Last

BENEFICIARY'S ADDRESS 45 W GUDE DR, ROCKVILLE, MD 20850

TO THE MARYLAND STATE RETIREMENT AGENCY: I authorize the Maryland State Retirement Agency to pay any benefits due upon my death to my designated beneficiary(ies). I agree on behalf of my estate, heirs, and assigns that payment by the agency releases the agency from any further obligation regarding these benefits. I direct the agency to pay any benefits to my estate if I have not designated any beneficiary(ies) or if they all die before me. I understand that I may change my beneficiary(ies) at any time by filing a new Designation of Beneficiary form with the Maryland State Retirement Agency. Any new Designation of Beneficiary form I file will replace this form. I understand that payment due to a minor shall be made only to a legally appointed adult. SIGN IN THE PRESENCE OF A NOTARIAL OFFICER (Notary Public, Clerk of the Court, etc.)



Signature Lemon C Early

Date Signed 03/02/2025



Sign in the Presence of a Notarial Officer (Notary Public, Clerk of the Court, etc.)

State of Maryland

County of Montgomery (or City of Baltimore)

This form was acknowledged before me on the 02 day of March, 2025.

By Lemon C Early

Name of individual whose signature is being acknowledged*

Signature of Notarial Officer

Nazanin Hossein

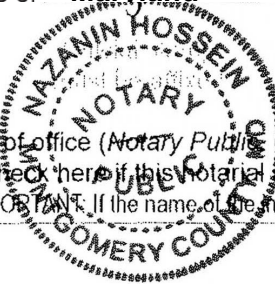
Title of Office (Notary Public, Clerk of the Court, etc.)

Notary Public

My commission expires 07/06/2026

☐ Check here if this Notarial Act involved a remotely located individual and the use of communication technology.

* **IMPORTANT:** If the name of the individual whose signature is being notarized is not filled in, this form will be invalid and have no legal effect.



**Withholding Certificate
for Periodic Pension or Annuity Payments**

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2024

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial Lemon C	Last name Early	(b) Social security number 123456789
Address 120 East Baltimore Street		
City or town, state, and ZIP code Baltimore MD 20212		
(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

**Step 2:
Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ Multiply the number of other dependents by \$500 \$ Add other credits, such as foreign tax credit and education tax credits \$ Add the amounts for qualifying children, other dependents, and other credits and enter the total here \$	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends .	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment .	4(c)	\$

**Step 5:
Sign
Here**

Lemon C Early
Your signature (This form is not valid unless you sign it.)

03/02/2025

Date



Maryland State Retirement
and Pension System
120 East Baltimore Street
Baltimore, MD 21202-6700
800-492-5909 • 410-625-5555
sra.maryland.gov • docs@sra.state.md.us

Maryland State Tax Withholding Request

Important:

Are you a registered mySRPS user? If so, you can update your Maryland state tax withholding online. This is the fastest and most secure method to update your Maryland state tax withholding. You can log into your account here: <https://mysrps.sra.maryland.gov>. Not a registered mySRPS user? You can sign up for a mySRPS account here: <https://mysrps.sra.maryland.gov>.

Provide Your Information

Social Security Number

1 2 3 4 5 6 7 8 9

Daytime Telephone Number

4 1 0 - 6 2 5 - 5 5 5 5

First Name

L E M O N

Initial

C

Last Name

E A R L Y

Street Address

1 2 0 E A S T B A L T I M O R E

City

B A L T I M O R E

State

M D

ZIP Code

2 0 2 1 2

Email Address

L E M O N C E A R L Y @ G M A I L . C O M

Please check the appropriate box indicating your election for Maryland State tax withholding:

☐ Do not withhold any amount from my monthly retirement allowance for Maryland income tax.

☒ Withhold the following whole dollar amount from my monthly retirement allowance for Maryland income tax:

\$ 2 0 0 . 0 0

Please sign below.

Signature: Lemon C Early

Today's Date: 03/02/2025

How to Submit Your Form to Us

Email: docs@sra.state.md.us

Fax: 410-468-1707

US Mail: Maryland State Retirement Agency
120 E. Baltimore St.
Baltimore, MD 21202-6700

How to Get Help with This Form

You can call us at 800-492-5909 or 410-625-5555.





Maryland State Retirement
and Pension System
120 East Baltimore Street
Baltimore, MD 21202-6700
800-492-5909 • 410-625-5555
sra.maryland.gov • docs@sra.state.md.us

Direct Deposit Authorization

Important

- ☒ You must include a voided check, deposit slip, or page 1 of your bank statement with this form (not attached.)
- ☒ This authorization is an agreement that remains in effect until payee cancels it or changes it by written notice to the State Retirement Agency (SRA).
- ☒ The institution named by the payee on this form must participate in the Automated Clearing House Network.
- ☒ If you're changing your direct deposit authorization, we recommend not closing your old bank account until you have received a confirmation from the SRA.

Provide Your Information

Social Security Number

1 2 3 4 5 6 7 8 9

Daytime Telephone Number

4 1 0 - 6 2 5 - 5 5 5 5

First Name

L e m o n

Initial

C

Last Name

E a r l y

Street Address

1 2 0 E a s t B a l t i m o r e s t

City

B a l t i m o r e

State

M D

ZIP Code

2 1 2 0 2

Email Address

L E M O N C E A R L Y @ M C P S M D . O R G

Enter Financial Institution Information

NOTE: The account receiving the Electronic Fund Transfer (EFT or direct deposit) must be in the payee's name, either individually or jointly.

Name of Financial Institution: M&T Bank

Routing Number

9 8 7 6 5 4 3 2 1

Account Number

0 0 0 1 1 1 2 2 2 3 3 3

Type of Account
(choose one)

- ☒ Checking
- ☐ Savings

Foreign Transfers

(check this box if the statement below is true)

- ☐ The direct deposit will go to a foreign bank or the entire amount will be transferred from a US bank to a foreign bank.





Maryland State Retirement
and Pension System
120 East Baltimore Street
Baltimore, MD 21202-6700
800-492-5909 • 410-625-5555
sra.maryland.gov • docs@sra.state.md.us

Direct Deposit Authorization

(continued)

Provide Your Signature(s)

Payee please sign below.

By signing my name below, I certify that I have read all instructions on this form. I certify that I am the payee identified above, and hereby authorize the SRA to deposit my payment into my account at my financial institution, and also authorize the SRA to share the information provided on this form for processing and validation purposes. I certify that I am the account holder of the account indicated on this form, and the account is not in the name of a trust. I authorize and direct the financial institution, on behalf of myself, any joint account holder, and my estate to charge my account for any amounts paid to which I am not entitled and to return any overpayments to SRA. I also authorize the release to SRA by the financial institution of my current address and names and current addresses of all persons listed on the account, including but not limited to those listed as "payable on death" or "transfer on death."

Payee First Name

Initial

Last Name

L e m o n

C

E a r l y

Payee Signature: Lemon C Early Date: 3/2/2025

Joint account holder please sign below.

By signing my name below, as a party to this account, I understand that I must immediately advise both the SRA and the financial institution of the death of the payee. I am personally liable to the SRA for the full amount of all withdrawn payments deposited after the death of the benefit recipient. I authorize the financial institution to provide the SRA with my current address.

Joint Account Holder First Name

Initial

Last Name

A p p l e

B

E a r l y

Joint Signature: Apple B Early Date: 3/2/2025

How to Submit Your Form to Us

Important!

- ☒ Please send **both pages** of your completed form to us.
- ☒ You must **enclose a voided check**, deposit slip, page 1 of your bank statement or a letter signed by a bank representative as proof of your account. All documents **must** include your full name and full account number.
- ☒ We cannot accept handwritten information as proof of account (ex: starter checks).
- ☒ **Do not attach it** to your form.
- ☒ **Do not** give this form to your employer.

Email: docs@sra.state.md.us

US Mail: Maryland State Retirement Agency
120 E. Baltimore St.
Baltimore, MD 21202-6700

How to Get Help with This Form

You can call us at 800-492-5909 or 410-625-5555.

MONTGOMERY COUNTY PUBLIC SCHOOLS**Application for Retirement**

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

INSTRUCTIONS: Complete this form 30 days prior to the effective date of retirement and return to the Employee and Retiree Service Center. Employees must be eligible for retirement as of the effective date of retirement stated below.

RETIREMENT TYPE—Check ONE below.

- ☒ Normal Retirement
 ☐ Ordinary Disability Retirement
 ☐ Normal Vested Benefit
☐ Early Retirement
 ☐ Accidental Disability Retirement
 ☐ Early Vested Benefit

NAME (PLEASE PRINT)**EFFECTIVE DATE OF RETIREMENT** 7 / 01 / 20 25

EMPLOYEE ID NUMBER

SOCIAL SECURITY NUMBER

LEMONCEARLY0000 12345Last 4 digits 6 7 8 9

First

MI

Last

Phone Number: 410 - 625 - 5555E-mail Address: LEMONCEARLY@GMAIL.COM

PAYMENT OPTION SELECTION: Check ONE below. Use MCPS Form 455-5 to designate beneficiaries. If selecting Option C or D, only ONE beneficiary can be designated. If the monthly benefit is less than \$100, distribution will be made in a one-time lump sum payment. State law mandates that an employee may receive either a worker's compensation payment or a disability retirement payment. If you are receiving a worker's compensation payment and have retired on disability, your monthly State/MCPS disability retirement benefit may be reduced. Payment option may not be changed after your first retirement check.

☐ **MAXIMUM:**

The maximum option provides the highest monthly benefit for your lifetime. All retirement benefits cease at your death.

☒ **OPTION A:**

Option A provides a smaller monthly benefit than the maximum option. At the time of your death, any remaining balance of your contributions plus interest will be paid to your designated beneficiary(ies).

☐ **OPTION B:**

Option B provides a smaller monthly benefit than Option A. At the time of your death, any remaining balance of the present value of your benefit will be paid to your designated beneficiary(ies).

☐ **OPTION C:**

Option C provides a smaller monthly benefit than Option B. At the time of your death, 50% of the monthly benefit will be paid to your designated beneficiary for their lifetime. Proof of the designated beneficiary's date of birth must accompany this application. Your beneficiary cannot be changed after retirement.

☐ **OPTION D:**

Option D provides a smaller monthly benefit than Option C. At the time of your death, 100% of the monthly benefit will be paid to your designated beneficiary for their lifetime. The designated beneficiary cannot be more than 10 years younger than you unless they are a spouse or disabled child. If the beneficiary is a disabled child, verification from a physician must be provided. Proof of the designated beneficiary's date of birth must accompany this application. Your beneficiary cannot be changed after retirement.

☐ **MANDATORY LUMP SUM PAYMENT:**

If your benefit is less than \$100 per month, you will receive a mandatory payout of the present value of your retirement benefit in a lump sum with no benefit to your designated beneficiary. This lump sum payment also is known as a de minimis payment.

☒ **Check here to indicate that MCPS Form 455-5, Designation of Beneficiary/Beneficiaries is attached.**

Authorization and Acknowledgement

I hereby authorize MCPS to distribute my retirement benefit as indicated above. I acknowledge that should my monthly benefit be less than \$100, my benefit will be disbursed in a mandatory one-time lump sum payment. I understand that the distribution of the lump sum payment makes any selected payment option above null and void.

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Lemon C Early

Employee Signature

03 / 02 / 2025

Date

Addendum to Application for Retirement/ Notice of Separation Resolution of Financial Obligation to MCPS

Employee and Retiree Service Center (ERSC) • Rockville, Maryland
MONTGOMERY COUNTY PUBLIC SCHOOLS

INSTRUCTIONS

Complete, sign electronically or manually, and return to the Employee and Retiree Service Center (ERSC). You may fax the signed form to 301-279-3651 or 301-279-3642, or email a PDF of the signed form to ERSC@mcpsmd.org.

EMPLOYEE INFORMATION

Employee Name: Lemon C Early Employee ID: 12345

Retirement Date: 7 / 1 / 25 Resignation Date: ____ / ____ / ____

If your financial obligation to MCPS is a result of salary overpayment, excess leave usage (negative earned leave), or an outstanding invoice for benefits, this liability will be reduced from your

- » upcoming paycheck(s)
- » pension refund or rollover check at separation of employment(resignation)
- » monthly pension payment from Maryland State Teacher's Pension system or MCPS core and/or supplement pension
- » Leave payout at separation of employment or retirement

Rescinding Your Retirement

You are only eligible for consideration to rescind your retirement if you have not received your first pension check. Your request to rescind your retirement and return to work in MCPS will be evaluated based on your current certification, skills, and/or experience, critical need of the employment area, as well as the availability of a vacant position. **Returning to MCPS as an employee, is not guaranteed and the position you currently occupy may no longer be available.**

You may contact ERSC at 240-740-8100 or via email should you need to rescind the application.

AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby authorize MCPS to reduce my financial obligation from any payment disbursed to me as indicated above. I acknowledge that should my payment(s) indicated above be insufficient to satisfy my financial obligation to MCPS, then I will be billed for the excess amount and I am responsible to pay this amount by the due date provided on the invoice. I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Employee Signature: Lemon C Early Date: 03 / 02 / 2025



MCPS Core and/or Supplemental Pension Plans Designation of Beneficiary/Beneficiaries

MCPS Form 455-5
October 2019

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

INSTRUCTIONS: Please return completed form to the address listed above. Print clearly. Retain a copy for your records.

Is this request to change your MCPS Core and/or Supplemental Pension Plan beneficiary/beneficiaries? ☐ Yes ☒ No

☐ Working ☐ Vested ☒ Retired (if retiring, retirement date 07 / 01 / 2025)

IMPORTANT: (If you are retired under Option C or D, **STOP**. You cannot change your beneficiary.)

EMPLOYEE ID NUMBER: 0000 12345 **SOCIAL SECURITY NUMBER Last 4 digits** 6 7 8 9

NAME (PLEASE PRINT)

First LEMON MI C Last EARLY

HOME ADDRESS

Street 120 EAST BALTIMORE STREET City BALTIMORE State MD Zip Code 21202

Subject to the terms of the Montgomery County Public Schools Employees' Retirement Pension, and Reformed Pension System (Plan), I request that any sum becoming payable by reason of my death be payable to the following beneficiary/beneficiaries. (Enter name, address, social security number, and relationship to you.)

☐ Check if you used an additional MCPS Form 455-5 to name additional primary beneficiaries.

PRIMARY BENEFICIARY/BENEFICIARIES

Relationship* SPOUSE SS No. 9 8 7 - 6 5 - 4 3 2 1 Birthdate (MM/DD/YYYY) 02 / 11 / 1957

Name APLLE B EARLY Address 120 EAST BALTIMORE STREET, BALTIMORE, MD 21202

*If spouse, please indicate state/jurisdiction where marriage license issued: MARYLAND Date of marriage 9 / 24 / 1995

Relationship _____ SS No. _____ - _____ - _____ Birthdate (MM/DD/YYYY) ____ / ____ / ____

Name _____ Address _____

CONTINGENT BENEFICIARY/BENEFICIARIES (if none of the above named Primary Beneficiary/Beneficiaries survive me.)

☐ Check if you used an additional MCPS Form 455-5 to name additional contingent beneficiaries.

Relationship* SON SS No. 0 1 2 - 3 4 - 5 6 7 8 Birthdate (MM/DD/YYYY) 05 / 08 / 1989

Name ORANGE EARLY Address 6151 RICHMOND STREET, ROCKVILLE, MD 20850

Relationship* DAUGHTER SS No. 0 0 1 - 2 3 - 4 5 6 7 Birthdate (MM/DD/YYYY) 07 / 15 / 1990

Name PEAR LATE Address 45 W GUDE DRIVE, ROCKVILLE, MD 20850

I designate the above named person(s) as the beneficiary or beneficiaries to whom I request Montgomery County Public Schools (MCPS) to pay in the event of my death in active service, the total amount of the accumulated contributions standing to my credit in the Plan and, if I have completed at least one year of creditable service upon my death in active service, the death benefit as indicated in Section 13 of the Plan.

I hereby authorize Aetna Life Insurance Company to make payment to the beneficiary or beneficiaries, whom I have inserted above and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of MCPS from any further obligation on account of the benefit. I hereby direct that should both the primary and contingent beneficiary or beneficiaries of the above-named benefit predecease me, the amount which otherwise would have been payable to such beneficiary or beneficiaries, shall become a part of and be paid to my estate, or to such other beneficiary or beneficiaries as I shall hereafter nominate, by written designation filed with MCPS, in accordance with the rules and regulations prescribed by the Plan.

If more than one person is named beneficiary, any benefit payments that they may become entitled to receive from MCPS will, unless provided herein, be paid in equal shares to such of the designated persons, survivor or survivors, as shall be living at the time of my death.

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Employee Signature Lemon C Early

Date

**Withholding Certificate
for Periodic Pension or Annuity Payments**

OMB No. 1545-0074

2024

Give Form W-4P to the payer of your pension or annuity payments.

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial Lemon C	Last name Early	(b) Social security number 123456789
Address 120 East Baltimore Street		
City or town, state, and ZIP code Baltimore MD 20212		
(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

**Step 2:
Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ Multiply the number of other dependents by \$500 \$ Add other credits, such as foreign tax credit and education tax credits \$ Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . \$	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . .	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$

**Step 5:
Sign
Here**

Lemon C Early
Your signature (This form is not valid unless you sign it.)

03/02/2025

Date

MONTGOMERY COUNTY PUBLIC SCHOOLS**MCPS Employees' Retirement/Pension System
Maryland State Withholding Request**

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS: Before submitting this form to ERSC (new retirees) or Aetna (existing retirees), please consult examples #1–#4 on page 2. **You must complete the section below.**

Social Security Number (last 4 digits) 6789 Print Full Name LEMON C EARLY

MARYLAND STATE INCOME TAX WITHHOLDING

Please check the appropriate box indicating your election. Check only one (1).

- ☐ I am **NOT** a Maryland resident. Do not withhold Maryland Income Tax.
- ☐ I **AM** a Maryland resident, but I do not wish to have tax withheld from my monthly pension check.
- ☒ Withhold from each monthly pension check the following **WHOLE DOLLAR** amount (*not less than \$5*).
\$ 50.00

**FOR STATES OTHER THAN MARYLAND,
YOU WILL NEED TO CONTACT YOUR STATE OF RESIDENCE FOR THE APPLICABLE FORM.**

SIGNATURE REQUIRED

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Signature Lemon C Early Telephone ---301-625-5555 Date 03/02/2025

INCOME TAX WITHHOLDING FOR RETIREES

Each retiree is responsible for having the required State income tax withheld based upon their overall income and projected tax liability. However, it is not necessary to have withholdings from each individual income source. Instead, retirees normally need to have one Federal and one State withholding account (depending upon your state of legal residence, and applicable state tax laws). Individuals who do not have enough income tax withheld may wish to file estimated taxes or they may be subject to penalties if their withholding is not adequate.

Some states exclude pension income from taxable wages while other states exclude pension income once you have attained a certain age, such as age 65. Other states treat pension income as fully taxable. Therefore, it is critical to familiarize yourself with the tax laws and withholding requirements of your state of residence or consult a qualified tax or financial advisor for additional questions or information.

Each year, you file Federal and State income tax returns to determine your actual tax liability. Then, based upon the amount withheld during the tax year, you will either owe additional taxes or receive a tax refund. As your income grows over time, you may need to increase your tax withholdings to insure that adequate taxes have been withheld. Several forms are used to establish or update the amount of federal and state taxes that are withheld from your pension. The forms you will need depend upon your state of residence, and whether you receive your core retirement benefit from the State Teachers' Retirement System or the MCPS Employee's Retirement/Pension System through MCPS' agent, Aetna, Inc.

The following four examples illustrate the common situations based upon plan membership and state of residence. Each example will explain the necessary forms and where to send them to establish or adjust your withholding amount.



Electronic Funds Transfer (EFT) Authorization Form

Aetna Life Insurance Company

Large Case Pensions – RTAA

151 Farmington Avenue

Hartford, CT 06156-0665

Fax: 1-860-262-7412

Telephone: 1-800-952-2700

Email: aetnapensions@aetna.com

Website: <https://pensions.aetna.com>

Payee/Joint Account Holder Information To be completed by Payee. Please print.	Your Name (Last, First, Middle Initial) EARLY, LEMON C	Social Security Number 123-45-6789	
	Address (Number & Street) 120 EAST BALTIMORE STREET	Telephone Number 410-625-5555	
	City/Town BALTIMORE	State MD	ZIP Code – 4 Digit ZIP 21202
	Joint Account Holder Name (Last, First, Middle Initial) APPLE B EARLY		Joint Account Holder's Social Security Number 987-65-4321

Financial Information (U.S. ONLY)	I agree and acknowledge that you send my payments for automatic credit to: Type of Account (please check one) <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	Financial Institutional Name M&T BANK	
	Bank Account Number 000111222333	ABA Routing Number (9 digits) 987654321

Payee/Joint Account Holder Agreement	<ul style="list-style-type: none">• Aetna will send payments to this account until I notify Aetna otherwise in writing.• If the payment due date falls on a weekend or holiday, we understand EFT payments will settle on the next day the Automated Clearinghouse (ACH) system is available.• I will advise Aetna of any change to information on this form, particularly any changes in resident address to facilitate the delivery of tax documents.• I will send Aetna proof of life upon request.• Joint Account Holder will notify Aetna immediately in the event of the Payee's death.• In the event of an overpayment, I/we agree that Aetna may debit the account receiving the payment automatically to recover the overpayment.• In the event that there are insufficient funds in this account to cover the overpayment, I/we direct the financial institution to release to Aetna any information on this account and Account Holders.• I confirm that my name is on the account provided.
---	--

Signatures	Payee's Signature <i>Lemon C Early</i>	Date (mm/dd/yyyy) 03/02/2025
	Joint Account Holder's Signature (required if joint account) <i>Apple B Pear</i>	Date (mm/dd/yyyy) 03/02/2025

Pre-notification Please be sure the information on this form is accurate and complete.	<p>If EFT is available at your financial institution, processing this authorized form will cause your benefit payment to be transmitted via EFT <u>provided all information is complete, accurate and received by Aetna in sufficient time to process your request.</u></p> <p>If you use an institution that is not a bank, it must be able to accept payments by EFT. If it cannot, EFT will not be available.</p>
--	--

Attach a voided
personal check in the
space provided.

**NOTE: When a voided
check is provided, we
will use the Bank
Account Number, and
ABA Routing Number
displayed on the
check, rather than
anything written
above.**

John Doe 123 Main St Anywhere US 10111		Date
PAY TO THE ORDER OF	VOID	DOLLARS
Your Bank		
MEMO		
012345678	1001001234	0123

Retiree Benefit Plan Enrollment FOR NEW RETIREES ONLY

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 1200 • Rockville, Maryland 20850

INSTRUCTIONS

All new retirees must make a selection in each category. Complete, sign electronically or manually on both sides of this form, and return to the Employee and Retiree Service Center (ERSC). You may fax the signed form to 301-279-3651 or 301-279-3642, or email a PDF of the signed form to ERSC@mcpsmd.org. This form must be signed at the bottom of pages 1 and 2. Please do not mail copies to ERSC once you have faxed or emailed the enrollment form. A confirmation of your requested change(s) will be sent to you. Unsigned forms will be returned to you and become your responsibility to resubmit to ERSC by the appropriate deadline.

SECTION I: RETIREE INFORMATION—Please print. If your address has changed, please submit MCPS Form 445-1B, *Change in Personal Information for MCPS Retirees and Former Employees* with your benefit enrollment form. Benefit enrollment confirmations are sent to the address on file.

Name Lemon C Early Employee ID# 12345 SSN # 6 7 8 9
last 4 digits
Address: Street 120 East Baltimore Street City Baltimore State MD Zip 21202
Home Phone 410 625 5555 Email LEMONCEARLY@GMAIL.COM Retiree Date of Birth 8 / 18 / 1955
Retirement Date 07 / 01 / 2025 (new and existing retirees) Spouse Date of Birth 2 / 11 / 1957

SECTION II: RETIREE ENROLLMENT INFORMATION

- ☒ Continuation of benefits in retirement—effective with retirement date.
☐ Transfer to active spouse MCPS plan, ID# _____ (must include MCPS Form 455-20, *Employee Benefit Plan Enrollment*)
☐ I cancel/decline all benefit plan enrollment effective ____/____/____ (Date of cancellation must adhere to deadline rules in RBS)—skip to **SECTION VI, LIFE INSURANCE OPTION**

SECTION III: RETIREE LEVEL OF HEALTH COVERAGE

- ☐ Individual
☒ Two-Party
☐ Family

SECTION IV: RETIREE BENEFIT PLAN ENROLLMENT INFORMATION—You must make a selection in each category A-D. Please consult the Retiree Benefit Summary for benefit plan enrollment qualifications. **Medicare-eligible retirees (and their eligible dependents) must enroll in Medicare Parts A and B to continue coverage with MCPS.** If you enroll in a **private Medicare Part D plan**, all MCPS prescription coverage will be cancelled.

CATEGORY A (Medical Plans)—

PLEASE SELECT ONE (1) OF THE FOLLOWING OPTIONS

HEALTH MAINTENANCE ORGANIZATION (HMO) PLANS

- ☐ Cigna Open Access Plus In-Network (OAPIN)
☐ Kaiser Permanente HMO

OPEN POINT-OF-SERVICE (POS) PLANS¹

- ☐ Cigna Open Access Plus (OAP)

INDEMNITY/MEDICARE SUPPLEMENTAL PLANS

- ☒ Cigna Indemnity/Medicare Supplemental Plan
☐ I **decline** medical coverage

¹When a retiree or dependent becomes Medicare-eligible, this health plan does not coordinate with Medicare. At the time of Medicare Part B enrollment, a plan change will be required. When no plan change is submitted, coverage will default to the Indemnity/Medicare Supplemental Plan.

CATEGORY B (Prescription Drug Plans)—Please select one

- ☐ Caremark (available to all non-Medicare-eligible retirees **except** Kaiser HMO members) ☐ Option A ☐ Option B
☒ SilverScript/Caremark Part D plan for Medicare-eligible participants (available to ages 65 + only) ☐ Option A ☒ Option B
☐ Kaiser (only available to Kaiser HMO members)
☐ I **decline** prescription drug coverage

CATEGORY C (Dental Plans)—Please select one

- ☒ CareFirst Preferred Provider Organization (PPO)
☐ Aetna Dental Maintenance Organization (DMO) (Benefit plan participant must reside in a DMO service area.)
☐ I **decline** dental coverage

CATEGORY D (Vision Plan)—Please select one

- ☒ Davis Vision (provided through CareFirst)
☐ I **decline** vision coverage

SIGNATURE REQUIRED ON PAGES 1 AND 2

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Signature Lemon C Early Date 3 / 2 / 2025

SECTION V: COVERED PARTICIPANTS—To enroll or drop dependent(s).

First Name	Last Name	MI	Social Security #	Date of Birth	Sex	Enroll/Drop
Spouse Apple	Early	B	123-56-6789	2/11/1957	F	<input checked="" type="checkbox"/> / <input type="checkbox"/>
Child						<input type="checkbox"/> / <input type="checkbox"/>
Child						<input type="checkbox"/> / <input type="checkbox"/>

FOR ADDITIONAL COVERED DEPENDENTS, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

SECTION VI: BASIC TERM LIFE INSURANCE

☒ Continue at retirement (Complete section VII and list all beneficiaries)

☐ I **cancel/decline** Basic Term Life Insurance (You may not reenroll once life insurance is cancelled.)

SECTION VII: LIFE INSURANCE BENEFICIARY DESIGNATION

- Benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries), unless otherwise stated.
- The contingent beneficiary(ies) shall be entitled to life insurance benefits in the event there is no surviving primary beneficiary.
- If designating a Trust as a beneficiary, please provide a copy of the title, trustee, address, and signature pages of the Trust.

Please check **Primary** or **Contingent** for each designated beneficiary. If neither box is checked, the named beneficiary will be deemed as a **primary** beneficiary.

☒ **Primary**

Name Apple B Early

Address 410 East Baltimore street, Baltimore MD 21202

Share 100 % Relationship Spouse

☐ **Primary** ☒ **Contingent**

Name Orange Early

Address 6151 Richmond Street, Rockville MD 20850

Share 50 % Relationship Son

☐ **Primary** ☒ **Contingent**

Name Pear Late

Address 45 W Gude Dr, Rockville MD 20850

Share 50 % Relationship Daughter

☐ **Primary** ☐ **Contingent**

Name _____

Address _____

Share _____ % Relationship _____

FOR ADDITIONAL BENEFICIARIES, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

SIGNATURE REQUIRED ON PAGES 1 AND 2

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature.

Signature Lemon C Early Date 3 / 2 / 2025

MONTGOMERY COUNTY PUBLIC SCHOOLS

Expanding Opportunity and Unleashing Potential

EMPLOYEE AND RETIREE SERVICE CENTER

MCPS Form 480-4G: Notice of Termination/Retirement (Complete online)

Complete this online MCPS Google form *after* you have submitted your retirement forms packet to the Employee and Retiree Service Center (ERSC).

To complete Form 480-4G Notice of Retirement/Termination (Separation) go to the MCPS Office of Human Resources and Development (OHRD) careers page:
<https://www.montgomeryschoolsmd.org/departments/careers/>

1. Go to: For Current Employees.
2. Click on the 'How to Terminate Your Employment' link.
3. Complete the applicable online form for your job classification.

This electronic form can also be located on the ERSC webpage at the following link:

<https://ww2.montgomeryschoolsmd.org/departments/forms/detail.aspx?formID=318&formNumber=480-4>

Application for Lump Sum (De minimis) Retirement Distribution

Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

INSTRUCTIONS: Complete this form 30 days prior to effective date of retirement, and return to the Employee and Retiree Service Center.

RETIREMENT TYPE: ☒ Normal or Early Retirement ☐ Disability Retirement—Ordinary ☐ Disability Retirement—Accidental

NAME (PLEASE PRINT)

EFFECTIVE DATE OF RETIREMENT 07 / 01 / 2025

First LEMON MI C Last EARLY

EMPLOYEE ID NUMBER: 0000 1 2 3 4 5 **SOCIAL SECURITY NUMBER Last 4 digits** 6 7 8 9

Home Phone 410 - 625 - 5555 E-mail Address LEMONCEARLY@GMAIL.COM

Payment Distribution Option: I acknowledge that I have read the Rollover Options Notice, and I understand the tax consequences of my distribution and elect the following:

- ☐ **1. Pay my entire distribution to me.** I understand that the taxable portion will be subject to the mandatory 20% federal income tax and if applicable, any state tax withholding.
- ☒ **2. Rollover to a Traditional IRA**
- ☐ **3. Rollover to a Roth IRA.** I understand that the taxable portion of this distribution will be taxable income, and I voluntarily request Aetna withholds \$_____ in federal taxes and \$_____.
- ☐ **4. Rollover to a Qualified Retirement Plan**
- ☐ **5. Rollover to an MCPS Fidelity 403(b) Plan 50300 or an MCPS Fidelity 457(b) Plan 62512.** (Enter 50300 or 62512 below as the account number and email DCPlans@mcpsmd.org to notify Fidelity of the pending distribution).

Please complete the financial institution rollover information:

Direct my eligible rollover distribution to: ☒ IRA ☐ Roth IRA ☐ Qualified Plan

Name of the Financial Institution VANDELAY INDUSTRIES

Account # 325678

Address 123 MAIN STREET

NEW YORK, NY 10022

Attention GOERGE COSTANZA

REQUIRED CERTIFICATION

Under penalty of perjury, I hereby certify that all the information is correct. I acknowledge that I have read the Rollover Options Notice and have been advised of the tax consequences of my distribution and that under current law, I have 30 days in which to make this election. I hereby waive my right to the 30-day election period and request that my distribution be processed as soon as possible in the manner I have elected.

Employee Signature

Lemon C Early

Date

03/02/2025

1a First name and middle initial Lemon C	Last name Early	1b Social security number 123456789
Address 120 East Baltimore Street		
City or town, state, and ZIP code Baltimore MD 21202		

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	22	%
---	----------	----	---

Sign Here	<i>Lemon C Early</i> Your signature (This form is not valid unless you sign it.)	03/02/2025 Date
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2024 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
14,600	10%	29,200	10%	21,900	10%
26,200	12%	52,400	12%	38,450	12%
61,750	22%	123,500	22%	85,000	22%
115,125	24%	230,250	24%	122,400	24%
206,550	32%	413,100	32%	213,850	32%
258,325	35%	516,650	35%	265,600	35%
623,950*	37%	760,400	37%	631,250	37%

* If married filing separately, use \$380,200 instead for this 37% rate.

Change in Personal Information for MCPS Retirees and Former Employees

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

INSTRUCTIONS (Please type or print)

Use this form to change or correct your name, title, date of birth, address, and/or Social Security number (only after receipt of your new official Social Security card). Complete this form, sign, and return it to the Employee and Retiree Service Center (ERSC). **You may fax the form to 301-279-3642/301-279-3651 or email an electronically signed Adobe PDF file to ERSC@mcpsmd.org**

1. You must complete ALL sections in the first box.
2. You must go (in person) to your local Social Security Administration office to complete the required form to change your Social Security records. Requested name changes will only be processed as they appear on your Social Security card.
3. You will need to contact Aetna and the Maryland State Retirement Agency directly to update your address with these organizations.
4. If you are an MCPS retiree who is working in a substitute or temporary assignment, you must visit the [Employee Self-Service \(ESS\)](http://montgomeryschoolsmd.org/departments/ersc/employees/employee-self-service/) web page at montgomeryschoolsmd.org/departments/ersc/employees/employee-self-service/ and click on **My address change** to update your address with MCPS for payroll purposes.
5. If you are an MCPS retiree who is working in a substitute or temporary assignment, you must complete a new W-4 if you change marital status and/or number of exemptions for income tax withholding purposes. All W-4 changes are made online. To access the online form, visit the ESS web page and click on **My W-4** under the green My Pay banner.

EMPLOYEE INFORMATION

Name: EARLY, LEMON, C

Last, First, Middle

Effective date of change 07/01/2025 Employee ID # 12345 **or** Social Security # 1 2 3 4 5 6 7 8 9

CHANGES

☐ **CORRECT DATE OF BIRTH TO:** ____/____/____ Attach copy of birth certificate or valid driver's license.

____ **CHANGE TITLE TO:** 1 = Miss 2 = Ms. 3 = Mrs. 4 = Mr. 5 = Dr.

☐ **CHANGE NAME TO** (Type or print former name above. **If name changed by court order, attach copy of order** e.g., marriage certificate, divorce decree):

Last, First, Middle

☐ **CHANGE SOCIAL SECURITY NUMBER TO:** ____ - ____ - ____ Attach copy of Social Security card

☐ **CHANGE EMAIL ADDRESS TO:** _____

☒ **CHANGE ADDRESS/PHONE**

From:

120 EAST BALTIMORE STREET

Street

Apt. #

BALTIMORE

City

MD

State

21202

ZIP Code

410-625-5555

Phone #

To:

101 EASY STREET

Street

Apt. #

FT. LAUDERDALE

City

FL

State

31334

ZIP Code

410-625-5555

Phone #

Maryland County _____

SIGNATURE

Employee Name: (please print) LEMON C EARLY

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

Employee Signature: Lemon C Early Date 03/02/2025

MONTGOMERY COUNTY PUBLIC SCHOOLS**MCPS Retirement
§403(b) Leave Payout Contribution Agreement**

Associate Superintendent of Finance, Division of Investments
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850

SECTION I—Employee Information (Please Print)

First Name Lemon Last Name Early

MCPS Employee ID (required) 1 2 3 4 5 Retirement Date ____/____/____

Home Phone 410 - 625 - 5555 Work Phone ____ - ____ - ____

Union Affiliation: ☐ MCAAP/MCBOA ☐ MCEA ☐ SEIU

SECTION II—Earned Unused Leave Payout at Retirement Election**Internal Revenue Service contribution limits for 2024:**

Standard limit of \$23,000. Age 50 catch-up of an additional \$7,500.

I am eligible to contribute (based on IRS limits): \$ _____

Less YTD 403(b) contributions: \$ _____ ☒ I elect to contribute up to the maximum allowed.

Estimated amount eligible to contribute: \$ _____ ☐ I elect to contribute \$ _____

Value of my earned unused leave: \$ _____

Important notice: If you return to work for MCPS in ANY CAPACITY and are under age 59½ you become ineligible for a distribution based on separation of service regardless of whether or not you are receiving a pension benefit.

SECTION III—Agreement and Signature

I elect to contribute a portion of my earned unused leave to my MCPS Fidelity 403(b) account and hereby direct MCPS to reduce my leave payout by the amount elected in Section II. MCPS will remit my leave payout contribution to my 403(b) account at Fidelity Investments. Please visit www.NetBenefits.com/mcps to register and log in to your account.

I understand and agree that:

- I am responsible for activating my Fidelity 403(b) account and having a contribution to my Fidelity 403(b) account prior to this form submission. If my account is not activated 2 weeks prior to my retirement date, I hereby consent to ERSC to process a deduction of \$1 from my final paycheck to contribute to my 403(b) account with Fidelity in order to activate the account.
- Leave transferred from another employer will not be paid out by MCPS at retirement;
- Incomplete forms will be returned to me via Pony;
- This agreement must be submitted with my retirement forms 30 days prior to my retirement date;
- This agreement is binding and irrevocable with respect to amounts paid or made available while this agreement is in effect unless I submit a revised form to the retirement team at Employee and Retiree Services Center (ERSC) at least 2 weeks prior to my retirement;
- This agreement shall remain in effect for the duration of my employment with MCPS or until changed or terminated by me or MCPS in accordance with the procedures outlined in the Plan document;
- I am responsible for performing, or having performed on my behalf, the calculations to determine my maximum contribution amount, and;
- By signing this 403(b) Leave Payout Agreement, I certify that my salary reduction contributions, including the amount of my estimated leave payout, do not exceed 88% of the approved leave payout up to the maximum annual contribution limits of Sections 415(c)(1), 403(g), and 414(v) of the Internal Revenue Code.

Employee Signature Lemon C. Early Today's Date 3 / 2 / 2025

For answers to Leave Payout questions, please see **403(b)/457(b) Leave Payout FAQs**,
also available under Tools & Resources at www.NetBenefits.com/mcps.

Completed form should be delivered to:

MCPS/ERSC

Attn: Retirement Team

45 West Gude Drive, Suite 1200, Rockville, MD 20850

As a plan participant, you are solely responsible for the review and selection of any and all plan investment options. You must review investment choices offered by the MCPS plans carefully before making any investment decisions. Neither MCPS nor any of its employees has any liability or responsibility for investment options that you select.

MCPS Use Only

Initials: _____

Date Input: ____/____/____

MONTGOMERY COUNTY PUBLIC SCHOOLS**MCPS Retirement
§457(b) Leave Payout Contribution Agreement**

Associate Superintendent of Finance, Division of Investments
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850

SECTION I—Employee Information (Please Print)

First Name Lemon Last Name Early

MCPS Employee ID (required) 1 2 3 4 5 Retirement Date 07 / 01 / 25

Home Phone 410 - 625 - 5555 Work Phone _____ - _____ - _____

Union Affiliation: ☐ MCAAP/MCBOA ☐ MCEA ☐ SEIU

SECTION II—Earned Unused Leave Payout at Retirement Election**Internal Revenue Service contribution limits for 2024:**

Standard limit of \$23,000. Age 50 catch-up of an additional \$7,500.

I am eligible to contribute (based on IRS limits): \$ _____

Less YTD 457(b) contributions: \$ _____ ☒ I elect to contribute up to the maximum allowed.

Estimated amount eligible to contribute: \$ _____ ☐ I elect to contribute \$ _____

Value of my earned unused leave: \$ _____

Important notice: The 457(b) plan permits distributions based on separation of service or age 59½. If you return to work for MCPS in ANY CAPACITY you become ineligible for a distribution based on separation of service regardless of whether or not you are receiving a pension benefit.

SECTION III—Agreement and Signature

I elect to contribute a portion of my earned unused leave to my MCPS Fidelity 457(b) account and hereby direct MCPS to reduce my leave payout by the amount elected in Section II. MCPS will remit my leave payout contribution to my 457(b) account at Fidelity Investments. Please visit www.NetBenefits.com/mcps to register and log in to your account.

I understand and agree that:

- I am responsible for activating my Fidelity 457(b) account and having a contribution to my Fidelity 457(b) account prior to this form submission. If my account is not activated 2 weeks prior to my retirement date, I hereby consent to ERSC to process a deduction of \$1 from my final paycheck to contribute to my 457(b) account with Fidelity in order to activate the account.
- Leave transferred from another employer will not be paid out by MCPS at retirement;
- Incomplete forms will be returned to me via Pony;
- This agreement must be submitted with my retirement forms 30 days prior to my retirement date;
- This agreement is binding and irrevocable with respect to amounts paid or made available while this agreement is in effect unless I submit a revised form to the retirement team at Employee and Retiree Services Center (ERSC) at least 2 weeks prior to my retirement;
- This agreement shall remain in effect for the duration of my employment with MCPS or until changed or terminated by me or MCPS in accordance with the procedures outlined in the Plan document;
- I am responsible for performing, or having performed on my behalf, the calculations to determine my maximum contribution amount, and;
- By signing this 457(b) Leave Payout Agreement, I certify that my salary deferral contributions, including the amount of my estimated leave payout, do not exceed 88% of the approved leave payout up to the maximum annual contribution limits of Sections 457(b) and 414(v) of the Internal Revenue Code.

Employee Signature Lemon C Early Today's Date 03 / 02 / 2025

For answers to Leave Payout questions, please see [403\(b\)/457\(b\) Leave Payout FAQs](#),
also available under Tools & Resources at www.NetBenefits.com/mcps.

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45 West Gude Drive, Suite 1200, Rockville, MD 20850

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MCPS Use Only

Initials: _____

Date Input: ____/____/____