



www.soonersave.com

Special Deferral from Accumulated Annual Leave Payment 457(b) Plan

Complete this form with your agency's SoonerSave Coordinator to request special SoonerSave deferrals from accumulated annual leave payments. Total payroll and annual leave deferrals cannot exceed IRS annual limits. Search 'contribution limits' at www.irs.gov to view current limits.

Participant Information

_____	_____	_____	_____
Social Security number	Last name	First name	M.I.
() _____	() _____		
Work phone	Home/cell phone		

Email address			

Deferral from Annual Leave Amount

SoonerSave does not have access to annual leave information, so we are unable to calculate your annual leave payout amount. Please contact your agency's SoonerSave Coordinator for assistance.

- I would like to defer all my unused annual leave (up to the lesser of 480 hours or agency limit).
- I would like to defer _____ hours of unused annual leave.

Deferral Amount Requested: \$ _____ **Date Leave to be Paid:** _____

Month Year

Participant Signature

I agree to a total SoonerSave deferral from my accumulated annual leave payroll in the amount above as calculated by my agency's SoonerSave Coordinator.

_____	_____
Participant signature (Electronic signatures not accepted)	Date

SoonerSave Coordinator Signature

Please ensure the amount requested above, combined with all SoonerSave deferrals for the calendar year, will not cause the member to exceed the IRS contribution limits for the current year.

_____	_____
Agency name	Agency number

_____	_____
Coordinator signature (Electronic signatures not accepted)	Date