

# LET'S TALK 457 RETIREMENT ACCOUNTS

It's never too late to begin investing in your future. As you can see, there are many things to like about Pinnacle Investments 457 plan. To best capitalize on these benefits, the key is to contribute early and often with some of the best fund companies in the business. One of the biggest misconceptions about investing is that you need a lot of money to get started. With a 457 that just isn't true. You can start with as little as \$20 per paycheck.

You can consult with one of our investment advisors if you have questions regarding the investments. With the use of GoalMaker you can simplify investing by creating an age-appropriate diversified portfolio that you can carry through retirement. This is a single allocation approach that allocates funds to become more conservative as your projected retirement date approaches. You can choose to be Conservative, Moderate, or Aggressive. Investments and contributions may be changed at anytime.

#### 457 FUNDING

- You can start with \$20 per paycheck
- Easily contribute money through your payroll department
- Traditional funds grow tax deferred and reduce taxable income\*
- · Roth funds grow tax-free

#### **INVESTMENT OPTIONS**

- · T. Rowe Price
- Vanguard
- Prudential
- Thornburg

CONTRIBUTIONS / PAY PERIOD**	10 YEARS	20 YEARS	30 YEARS
\$50	\$18,792	\$56,598	\$132,659
\$100	\$37,583	\$113,196	\$265,317
\$250	\$93,958	\$282,989	\$663,293
\$500	\$187,917	\$565,979	\$1,326,587

#### **READY TO GET STARTED?** SEE HOW TO ENROLL ONLINE



#### JOSHUA KIMBER, CFP® • FINANCIAL ADVISOR • JKIMBER@PINNACLE-LLC.COM

Josh began his career in the financial services industry in 2015 and has a background in tax and financial planning. He works with a team of advisors with a focus on servicing and educating participants in retirement plans across New York state. In addition to financial planning, Josh focuses on the retirement space, as well as the 401(k), 403(b), and deferred compensation space. Josh is a Financial Industry Regulatory Authority (FINRA) General Securities Representative (Series 7), FINRA Investment Company and Variable Contracts Products Representative (Series 6), State Securities Agent (Series 63), and is a Certified Financial Planner™ practitioner.

 $Securities\ and\ advisory\ services\ offered\ through\ Pinnacle\ Investments, LLC\ member\ FINRA/SIPC.$ 

<sup>\*</sup> Pinnacle Investments, LLC and its affiliates do not provide tax, legal or accounting advice. This material has been prepared for informational purposes only, and is not intended to provide, and should not be relied on for, tax, legal or accounting advice. You should consult your own tax, legal and accounting advisors before engaging in any transaction.

<sup>\*\*</sup>The performance data shown is hypothetical in nature, this is not a guarantee of future performance. Investment returns and principal value will fluctuate, so investors' shares, when sold, may be worth more or less than their original cost. Hypothetical performance assumes a given contribution for 26 pay periods/year for the given amount of years at 7% annual rate of return, net of all fees. Mutual fund investing involves risk and investors should review prospectuses before investing.





#### DEFERRED COMP PLAN FOR EES OF THE COUNTY OF ONONDAGA

Plan Enrollment Code:		
-----------------------	--	--

Plan Enrollment Code Expires:

Group ID / Plan Number:

#### **NEW ENROLLMENT**

To set up your account online for the first time:

- Visit EmpowerMyRetirement.com and select the REGISTER button
- Select the I have a Plan Enrollment Code and follow the prompts using the information provided
- The website will guide you through the enrollment process

#### ALREADY HAVE AN EMPOWER ACCOUNT?

- You will be routed to a landing page that says, We Found You!
- · Click Log In
- Select the **REGISTER** button
- · Select I do not have a PIN and follow the prompts to complete registration and enrollment

**NOTE:** If you are already an account holder in your plan but your account is currently inactive, you may need to contact your employer to reactivate your account.

#### **FUTURE LOGINS**

For future visits to the website, enter your username and password and select **SIGN IN**. For enhanced security, you will be asked to confirm your identity using a verification code that will be sent to you. You may skip the verification process in the future by checking the *Remember this Device* box.

Please also complete a contribution election form and send to Josh Kimber at JKimber@Pinnacle-LLC.com or fax at 315-251-1110.

If you need a contribution election form or assistance, please call Josh at 315-554-3673 or email at JKimber@Pinnacle-LLC.com.



#### Paycheck Contribution Election Governmental 457(b) Plan

#### DEFERRED COMP PLAN FOR EES OF THE COUNTY OF ONONDAGA

523919-01

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at empowermyretirement.com or contact Service Provider at 1-800-701-8255.

<b>J</b> C1	vice Provider at 1-800-701-8255.					
Α	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.)					
В	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 \$23,500.00 OR \$34,750.00 if electing Age Catch-Up OR \$47,000.00 if I am electing Special §457 Catch-Up)			
	□ Roth Election Contributions	%	(1% - 100%; Not to exceed \$23,500.00 OR \$34,750.00 if electing Age Catch-Up OR \$47,000.00 if I am electing Special §457 Catch-Up)			
	Date of Hire (mm/dd/yyyy)/	Date of Hire (mm/dd/yyyy) /				
	My contributions must be specified consistent	y contributions must be specified consistently (as a percent).				
	Only one type of §457 Catch-Up may be used in a calendar year. If I am eligible for both, I may elect either Age §457 Catch-Up OR Special §457 Catch-Up, whichever would result in the larger Catch-Up amount for this calendar year.					
	in the 2025 tax year (when added to the basic before-tax and Roth Age 60-63 Catch-Up amo basic contribution amount and the Age 50 Cat 63 during this calendar year, and I must be cu	c contribution amount ount cannot exceed tch-Up amount, the urrently deferring the dar year in which yo	te 50 §457 Catch-Up amount cannot exceed \$7,500.00 of my eligible compensation unt, the aggregate maximum available is \$31,000.00 in 2025). The combination of \$11,250.00 of my eligible compensation in the 2025 tax year (when added to the e aggregate maximum available is \$34,750.00 in 2025). I must be age 60 through he maximum amount allowable under the Internal Revenue Code and applicable you turn age 64, you can start contributing the Age 50 Catch-Up amounts. I must ot use the Special §457 Catch-Up this year.			
	OR					
	compensation in the 2025 tax year (when add only use Special §457 Catch-Up in one or mor my NRA year below. I must have "underutiliz calendar years in which I was eligible to part	led to the basic cont re of the three calen led amounts" by not ticipate. I have calc Worksheet as indic	Roth Special §457 Catch-Up amount cannot exceed \$23,500.00 of my eligible ntribution amount, the aggregate maximum available is \$47,000.00 in 2025). I may ndar years that <b>END PRIOR TO</b> Normal Retirement Age (NRA). I have designated of contributing the maximum amount available to me under this Plan in any prior culated the total underutilized amounts I have available for Special §457 Catchicated below. The calculation tools are provided for my convenience and I should			
	NRA Year:	Underutil	ilized Amount: \$			
	☐ I elect to cancel my Catch-Up contribution of	election.				

					523919-01				
	Last Name	First Name	M.I.	Social Security Number	Number				
)	Signatures and Consent (Signatures must be on the lines provided.)								
	Participant Consent (Pleas	Participant Consent (Please sign on the 'Participant Signature' line below.)							
	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:								
	<ul> <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>								
		Any person who presents false or fraudulent information is subject to criminal and civil penalties.							
	Participant Signature Date (Required)								
	A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.								
	Authorized Plan Administrator Signature (Please sign on the 'Authorized Plan Administrator Signature' line below.)								
	I authorize the election indicat	ed by the participant above.							
	Authorized Plan Administrator Signature A handwritten signature is required on this form. An electronic signature			· · · ·					
	Print Full Name								
)	Mailing Instructions								
	1 '	rticipant forward this form to Employer nployer DO NOT send this form to Service Provider. Please retain for your records.							

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Empower Financial Services, Inc., (EFSI). Both are Empower companies and each organization is solely responsible for its financial condition and contractual obligations. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

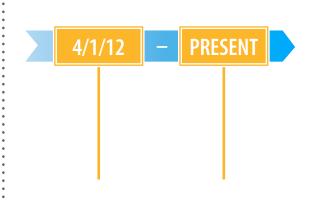
You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at \$1 or \$10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.

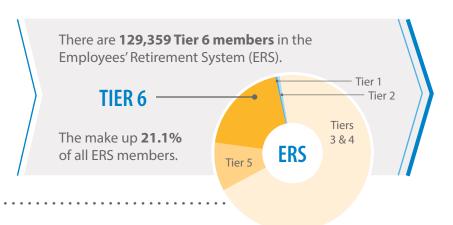




# EMPLOYEES' RETIREMENT SYSTEM TIER 6

# **DATES OF MEMBERSHIP**

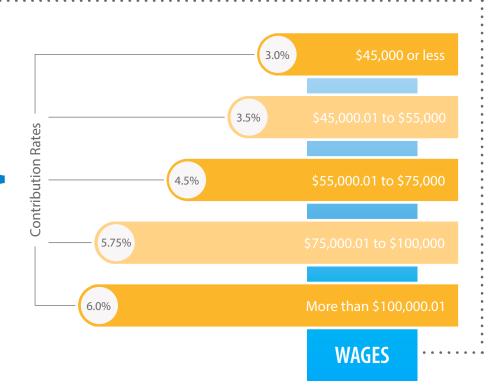




## **MEMBER CONTRIBUTIONS**

# MEMBERS CONTRIBUTE FOR ALL YEARS OF PUBLIC SERVICE.

Except for State Correction Officers whose contributions are limited to 30 years.



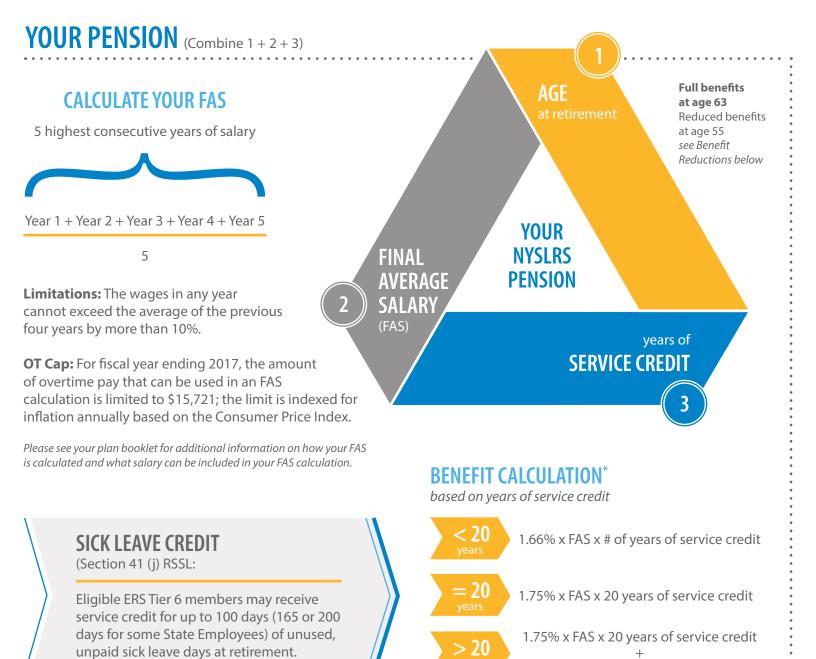
### **VESTING**

after earning

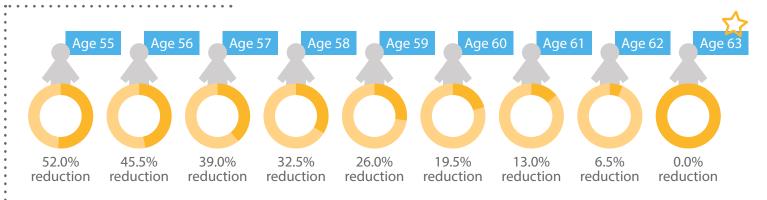
5 YEARS = VESTED

of service credit

**Vesting is important if you leave public employment.** Once you are vested, you will still be entitled to a retirement benefit when you reach age 55 based on your services and the salary earned when you were an active member.



# **BENEFIT REDUCTIONS**



2.00% X FAS x # of years beyond 20

<sup>\*</sup>Some ERS members (i.e. Correction Officers and Sheriffs) are covered under plans that allow for retirement after completing 25 years of credible service, regardless of age. For additional plan information, please review your plan booklet on our website: www.osc.state.ny.us/retire/publications/index.php.