



**Office of Retirement Services**

P.O. Box 30171 | (800) 381-5111 (Lansing area 322-5103)  
Lansing MI 48909-7671 | www.michigan.gov/ors

### Probate Judges Contribution Deferral Report

Use this form to record probate judge's contributions to the State 457 and 401(k) plans.

EMPLOYEE NAME		SOCIAL SECURITY NUMBER
INITIAL ELECTION/APPOINTMENT DATE	COUNTY	PAY DATE

**Section I: Defined Contribution participants only.**

Contributions to the Defined Contribution/Deferred Compensation 401(k) plan.

1. Contribution Percent for the Defined Contribution/Deferred Compensation Plan II/401(k)	%
2. Salary Participation Dollar Amount:	\$
3. Gross Pay Adjustments if applicable:	\$
4. Employee Contribution Dollar Amount <i>up to 3% this pay date (amount of line 1 ≤ 3%(line 2 plus line 3)):</i>	\$
5. Employee Contribution Dollar Amount <i>over 3% this pay date (line 1 minus 3% (line 2 plus line 3)):</i>	\$
6. Employee Contributions this pay date:	\$
7. Total Year-to-Date Employee Contributions:	\$
8. Loan Payment (post-tax monies) if applicable:	\$
9. Total Payment Submitted this pay date:	\$

**Section II: Defined Benefit members only.**

Contributions to the Defined Contribution/Deferred Compensation 401(k) plan.

1. Contribution Amount ( <i>percent or dollar amount</i> ) into the Deferred Compensation Plan II/401(k)	
2. Employee Contribution this pay date:	\$
3. Loan Payment (post-tax monies) if applicable:	\$
4. Total Payment this pay date:	\$
5. Total Year-to-Date Employee Contributions:	\$

**Section III: Defined Benefit members and Defined Contribution participants.**

Contributions to the Deferred Compensation I/457 plan.

1. Contribution Amount ( <i>percent or dollar amount</i> ) into the Deferred Compensation I/457 plan	
2. Enter Employee Contribution this pay date:	\$
3. Enter Total Year-to-Date Employee Contributions	\$

**Section IV: Signature of County Authorized Representative**

PRINT NAME:	TITLE:
SIGNATURE:	TELEPHONE:

Submit contributions to CitiStreet either by check or wire within 5 business days from each pay date. If Section I is completed send a copy to the Office of Retirement Services. See reverse side for mailing instructions.

# Contribution Deferral Report Supplement

## Salary Participation Dollar Amount

This amount does not include any county payments for longevity or payments in lieu of local benefits. Only include the amount provided under the Revised Judicature Act.

### **Judges who transferred from the Defined Benefit (DB) to the Defined Contribution (DC) Plan**

The salary amount for an active judge is the portion of the total judicial salary, which the judge elected to use for participation in the State DC plan. This amount is the state base, state base plus \$2,250, state base plus 40% of the local supplement, or 100 percent of the total judicial salary. The portion of the salary was determined at the time of the judge's election to transfer to the DC plan. This amount should remain constant for the calendar year.

### **Judges elected or appointed on or after March 31, 1997**

A judge elected on or after March 31, 1997 must participate in the DC plan at 100 percent of his or her total judicial salary provided by the Revised Judicature Act. At the beginning of each calendar year you will need to adjust the amount according to the approved judicial salary rates at that time. This amount should remain constant for the calendar year.

### **Gross Pay Adjustments:**

This entry should only be used at the beginning of a calendar year when an annual salary increase goes into effect retroactive to the first of the year or for any retroactive pay adjustments. This does not include salary adjustments in lieu of local benefits, longevity, reimbursement for expenses, etc. If you have any questions, please contact the Office of Retirement Services at 1-800-381-5111 or (517) 322-5103.

### **Employee Contribution up to 3% this Pay date** *(DC participants only):*

The amount in this line is computed by multiplying the amounts reported in line 2 plus line 3 by the percentage the judge has requested to contribute to the DC plan up to 3 percent. The maximum percent calculated in this line is 3 percent.

Example: A judge requests 7 percent of his/her salary to be contributed to the DC plan. The amount computed would be 3 percent of the sum of line 2 and line 3. The additional 4 percent is calculated in line 5.

### **Employee Contribution over 3% this Pay date** *(DC participants only):*

The amount in this line is computed by multiplying the amount reported in line 2 plus line 3 by the percentage above 3 percent. Example: A judge requests 7 percent of his/her salary to be contributed to the DC plan. The amount computed would be 4 percent of the sum of line 2 and line 3. The first 3 percent is calculated in line 4.

### **Total Year-to-date Employee Contribution:**

The amount this line is the total cumulative contributions for the calendar year that cannot exceed the maximum allowable amount for a plan year unless a judge has elected to participate in a catch-up provision. Refer to the probate judge's Enrollment and Salary Deferral Election form.

### **Loan Payment:**

Any judge may take out a loan of 401(k) funds. Any payment on a loan must be made with post-tax dollars. If a judge requests a loan, a CitiStreet representative will contact the county regarding the amount of the loan, the payment amount and duration of the payments to be made.

## Mailing Instructions

### **CitiStreet**

Submit contributions with this form to CitiStreet within 5 business days from each pay date.

Mail this form and a check to CitiStreet at, *Investment Services, 3 Batterymarch Park, Quincy, MA 02169*

or Route wire transfers to: *State Street Bank, Boston, MA, Account Number: 1R1A 4684-0187,*

*Routing #: 011000028, Account Name: State of Michigan Defined Contribution Plan.*

For funds wired, the original form may be faxed to (617) 376-9246 or mailed separately to CitiStreet at the address above. Please contact *CitiStreet at (617) 376-9210 or (617) 376-4675* with any question regarding the submission of funds.

### **Office of Retirement Services**

If Section I is completed, mail a copy of this form to:

*Office of Retirement Services, P.O. Box 30171, Lansing, MI 48909-7671*