

**1. Participant Information**

First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth	Date of Hire
Street Address	City	State	Zip Code	Phone Number
School District	County			
Employee ID (Required for LA Districts Only)	Participant Email Address			

Certified     Classified

**2. Action**

**This agreement supersedes all prior 403(b) Salary Reduction Agreements (SRA) on file, only the instructions identified below will be completed.** SRAs must be submitted at least 30 days, but not more than 90 days, prior to the effective date. For your convenience, you may also make your deferral change online at pa.schoolsfirstfcu.org.

Effective date:     Next Available Pay Date     Future Pay Date \_\_\_\_\_

<u>Requested Action</u>	<u>Investment Provider Name</u>	<u>Type of Deferral</u>		<u>Amount</u>
		Pre-Tax 403(b)	Roth 403(b)	
<input type="checkbox"/> Begin <input type="checkbox"/> Resume <input type="checkbox"/> Change <input type="checkbox"/> Cancel	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Begin <input type="checkbox"/> Resume <input type="checkbox"/> Change <input type="checkbox"/> Cancel	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Begin <input type="checkbox"/> Resume <input type="checkbox"/> Change <input type="checkbox"/> Cancel	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<b>Total Deduction Per Paycheck</b>				<b>\$ _____</b>

**3. Financial Advisor/Agent Information (This section is optional)**

Financial Advisor/Agent Name (Optional) _____	Financial Advisor/Agent Phone Number (Optional) _____
Financial Advisor/Agent Email Address (Optional) _____	<input type="checkbox"/> OK to contact my advisor on my behalf

**4. Acknowledgement of Existing 403(b) Account**

In order for salary reduction amounts to be applied to a 403(b)/Roth 403(b) account, an account must be open with the investment provider under the sponsoring school district. I, the Participant, understand that by initialing below I am certifying that I have established a 403(b) and/or Roth 403(b) account with the above listed investment provider(s) under the school district listed on this SRA. I understand that if no account is available at the time the deferral is remitted to the investment provider, it will result in a Contribution in Error and a delay in applying the deferral to a retirement account.

**Acknowledgement:** \_\_\_\_\_ (Initials)

**5. Signatures**

**I understand and agree to the following:**

1. This Salary Reduction Agreement (Agreement) is an agreement between me and my employer that I have entered into voluntarily.
2. This Agreement supersedes and replaces all prior Salary Reduction Agreements.
3. The Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect.
4. The Agreement may be terminated or modified at any time for amounts not yet paid or available.
5. Nothing herein shall affect the terms of my employment with the Employer.
6. This Agreement shall automatically terminate if my employment is terminated.
7. SchoolsFirst Plan Administration, LLC charges a third-party administration fee of \$2 for each month in which you make a contribution. This fee is paid by your investment provider. Your investment provider may charge the fee against your account directly or indirectly. Contact your investment provider if you have questions about how the fee is handled.

I authorize the automatic cancellation of this Salary Reduction Agreement in the event of any of the following: (1) if SchoolsFirst Plan Administration believes additional contributions will cause me to exceed limits under Code Section 415 or 402(g), (2) if receipt of returned contributions due to no account establishment

I have read and understand the information contained in this Agreement. I understand that by making this application the release of my confidential information to third parties may occur as necessary to administer the Plan in accordance with the Internal Revenue Code.

Participant Signature (REQUIRED) _____	Date _____
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EMAIL COMPLETED FORMS: [rpa@schoolsfirstfcu.org](mailto:rpa@schoolsfirstfcu.org) or FAX TO: 714.258.4262

## 1. Participant Information

First Name _____	Last Name _____	Social Security Number (REQUIRED) _____	Date of Birth _____	Date of Hire _____
Street Address _____	City _____	State _____	Zip Code _____	Phone Number _____
School District _____	County _____	<input type="checkbox"/> Certificated <input type="checkbox"/> Classified		
Employee ID (Required for LA Districts Only) _____	Participant Email Address _____			

## 2. Action

This agreement supersedes all prior Salary Reduction Agreements (SRA) on file, only the instructions identified below will be completed. SRAs must be submitted at least 30 days, but not more than 90 days, prior to the effective date. For your convenience, you may also make your deferral change online at [pa.schoolsfirstfcu.org](http://pa.schoolsfirstfcu.org).

**I WANT TO :**    BEGIN Contribution(s)     CHANGE Future Contribution(s)     CANCEL All Contributions

Effective date:    Next Available Pay Date     Future Pay Date \_\_\_\_\_

Investment Provider:	Dollar Amount
<input type="checkbox"/> SchoolsFirst FCU 457(b) DCP Share Certificate: Membership Number _____ <div style="text-align:right; margin-right: 50px;">Term (12, 36, 60)</div>	\$ _____
<input type="checkbox"/> Nationwide Retirement Builder Plan (RBP) 457(b) <input type="checkbox"/> Pretax <input type="checkbox"/> Roth	\$ _____
<input type="checkbox"/> Other District Specific 457(b) _____ <input type="checkbox"/> Pretax <input type="checkbox"/> Roth	\$ _____
<b>Total Deduction Per Paycheck</b>	<b>\$ _____</b>

## 3. Financial Advisor/Agent Information

Financial Advisor/Agent Name _____	Financial Advisor/Agent Phone Number _____
Financial Advisor/Agent Email Address _____	<input type="checkbox"/> OK to contact my agent on my behalf

## 4. Signatures

**I understand and agree to the following:**

1. This Salary Reduction Agreement (Agreement) is an agreement between me and my employer that I have entered into voluntarily.
2. This Agreement supersedes and replaces all prior 457(b) Salary Reduction Agreements.
3. The Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect.
4. The Agreement may be terminated or modified at any time for amounts not yet paid or available.
5. Nothing herein shall affect the terms of my employment with the Employer.
6. This Agreement shall automatically terminate if my employment is terminated.
7. In accordance with IRC Section 457(b)(4), a salary reduction agreement must be signed, dated and received by SchoolsFirst Plan Administration for processing the calendar month prior to which you wish your deferrals to begin.

I authorize the automatic cancellation of this Salary Reduction Agreement in the event of any of the following: (1) if SchoolsFirst Plan Administration believes additional contributions will cause me to exceed limits under Code Section 457(b)(3), (2) if I take a hardship distribution, if available.

I have read and understand the information contained in this Agreement. I understand that by making this application the release of my confidential information to third parties may occur as necessary to administer the Plan in accordance with the Internal Revenue Code.

Participant Signature (REQUIRED) _____	Date _____
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