SCHOOLSFIRST
Plan Administration, LLC

457(b) Salary Reduction Agreement (SRA)

FRINGE BENEFITS CONSORTIUM (FBC)

FAX COMPLETED FORMS 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

☐ Certificated ☐ Classified

School District | County

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.

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**
☐ Empower / FBC 457(b)	$_____

Total Deduction Per Paycheck $ _____

3. Financial Advisor/Agent Information

Financial Advisor/Agent Name | Financial Advisor/Agent Phone Number

☐ OK to contact my agent on my behalf

Financial Advisor/Agent Email Address

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

P.O. Box 11547 Santa Ana, CA 92711 | 800.462.8328 ext 4727 | Fax: 714.258.4262 | pa.schoolsfirstfcu.org