

fax

TO: SchoolsFirst FCU
Retirement Plan Administration

FROM:

FAX: 714.258.4087

OF PAGES:

PHONE: 800.462.8328, ext. 4727

DATE:

RE:

CC:

Thank you for faxing your Salary Reduction Agreement (SRA) request to SchoolsFirst FCU Retirement Plan Administration for processing. Please use this fax cover sheet to return your completed SRA.

PROCESSING EXPECTATIONS:

Online SRAs that are submitted will be processed by SchoolsFirst FCU the same day. This information will be transmitted to your school district the following business day. You can log in to pa.schoolsfirstfcu.org to confirm that your request has been completed and to make future SRA changes.

Paper SRAs received by 12:00 PM will be processed by SchoolsFirst FCU within 3 business days from receipt. SRAs received after 12:00 PM are considered received the following business day. It could take up to 4 business days for information to be transmitted to your school district.



Your District Retirement Plan Online

Access to your retirement plan has just become faster and more convenient.

- 24/7 access
- Ability to adjust your deferral amounts
- View your year-to-date summary
- View 403(b) & 457(b) plan limits

How to log in to the SchoolsFirst FCU Plan Vue™ Plan Administration website:

- Go to pa.schoolsfirstfcu.org
- Enter your Social Security Number (no dashes) as your User ID
- Enter the last 4-digits of your Social Security Number as your Password
- Select the Employee role
- Answer the Alternate Verification Question
- Select a new User ID and Password, then confirm
- Update your email and phone number under the Personal Profile tab

 pa.schoolsfirstfcu.org

 800.462.8328, ext. 4727

County Name _____

403(b) Salary Reduction Agreement (SRA)

Section One: Employee Information (Note: you may also make your deferral change online at pa.schoolsfirstfcu.org)

Employee Name		Social Security Number		Date of Birth		Date of Hire	
Home Address			City		State	Zip	Contact Number
E-Mail Address (We will send a Confirmation)		Employee ID (Required)		School District Name			
Account Type	Classification		Effective Date (Requests must be submitted at least 30 days but no more than 90 days prior to the effective date.)				
<input type="radio"/> 403(b) <input type="radio"/> Roth 403(b)	<input type="radio"/> Certificated <input type="radio"/> Classified		<input type="radio"/> Next available pay date <input type="radio"/> Future pay date _____				

Section Two: Action to be taken (Note: All accounts must be established prior to submitting this form.)

Please provide instructions below for ALL of your Investment Providers: (Note: A separate SRA should be submitted for each plan 403(b)/Roth 403(b))	Investment Provider Name	Dollar Amount
<input type="radio"/> BEGIN <input type="radio"/> CHANGE <input type="radio"/> RETAIN <input type="radio"/> TERMINATE		
<input type="radio"/> BEGIN <input type="radio"/> CHANGE <input type="radio"/> RETAIN <input type="radio"/> TERMINATE		
<input type="radio"/> BEGIN <input type="radio"/> CHANGE <input type="radio"/> RETAIN <input type="radio"/> TERMINATE		
<input type="radio"/> BEGIN <input type="radio"/> CHANGE <input type="radio"/> RETAIN <input type="radio"/> TERMINATE		
<input type="radio"/> BEGIN <input type="radio"/> CHANGE <input type="radio"/> RETAIN <input type="radio"/> TERMINATE		
<input type="radio"/> BEGIN <input type="radio"/> CHANGE <input type="radio"/> RETAIN <input type="radio"/> TERMINATE		
Total Deferral Amount Per Pay Period		

Section Three: Disclosure

I understand and agree to the following:

- This Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect; and
- This Salary Reduction Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new Salary Reduction Agreement is submitted; and
- This Salary Reduction Agreement may be changed with respect to amounts not yet paid or available; and
- A Maximum Contribution Worksheet is required to implement or increase a payroll deduction. (Update required annually)
- Employee is responsible for determining that the salary reduction amount does not exceed the limits as set forth in the applicable federal or state laws (the "Applicable Law").
Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of annuities or custodial accounts for Employees in amounts in excess of contribution limits as defined under Applicable Law except where a Maximum Contribution was calculated by Employee. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial account described herein. Employer also has made no representation as to the advisability of the particular investment selected by the Employee. Employee agrees Employer shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company, the financial condition, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares or regulated investment companies. Nothing herein shall affect the terms of employment between Employer and Employee.
- SchoolsFirst FCU and National Benefit Services, LLC charge 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.

Nothing herein shall affect the terms of employment between the Employer and myself. **This agreement supersedes all prior Salary Reduction Agreements** and shall automatically terminate if my employment is terminated.
I understand that I may not contribute an amount that will exceed the annual additions limitations under Code Section 415 or permit excess elective deferrals under Code Section 402(g).
I hereby agree to reduce my eligible salary or wages each pay period by the above amount(s) for the corresponding plan(s) and direct my Employer to contribute this amount on my behalf to the investment options I have selected.

Section Four: Employee Signature

Participant Signature

Date

Section Five: Agent Information

Agent/Financial Advisor Name	Agent E-mail Address	Agent Contact Number	Agent Fax Number
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For questions contact us at 800.462.8328, extension 4727 **Fax to: 714.258.4087 or visit pa.schoolsfirstfcu.org to make your deferral change online.**