

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 _____

457(b) Salary Reduction Agreement (SRA)

Section One: Employee Information

Employee Name	Social Security Number	Date of Birth	Date of Hire	Certificated <input type="radio"/>
				Classified <input type="radio"/>
Home Address	City	State	Zip	Contact Number
E-Mail Address	Employee ID	School District Name		

Section Two: Action to be taken (NOTE: Requests must be submitted at least 30 days but not more than 90 days prior to the effective date)

This agreement supersedes all prior Salary Reduction Agreements on file, only the instructions identified below will be completed.

I WANT TO: BEGIN or RESUME contribution(s) CHANGE future contribution(s) TERMINATE all contribution(s)

Effective Date: Next available pay cycle Future pay cycle _____ Number of voluntary deductions per year _____

Investment Provider	Dollar Amount
<input type="radio"/> SchoolsFirst FCU Fixed Certificate: Membership Number _____ Term: _____ (12, 36, 60)	_____
<input type="radio"/> Security Benefit (Note: Only available for the following districts: Eastside Union, Keppel, Newhall, and Palmdale)	_____
<input type="radio"/> Retirement Builder Plan (RBP) <small>Note: Account(s) must be established prior to submitting this form</small>	_____

Section Three: Disclosure

I understand and agree to the following:

- a. This Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect; and
- b. 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
- c. This Salary Reduction Agreement may be changed with respect to amounts not yet paid or available; and
- d. A Maximum Contribution Worksheet is required to implement or increase a payroll deduction. (Update required annually)
- e. 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.
- f. If I choose to participate in a 457(b) plan, the Employer will make my designated contribution on every month in which my net adjusted income exceeds the level of the contribution. The Employer will make no deduction for me in a month in which my adjusted net income does not exceed the level of the contribution.

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 under the Retirement Builder Plan.

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 ext. 4727

Fax to: 714.258.4087 or Mail to: SchoolsFirst FCU
Attn: Retirement Plan Administration
P.O. Box 11547
Santa Ana, CA 92711-9756