

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"/>	\$ _____
Total Deduction Per Paycheck				\$ _____

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 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 FCU 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 FCU believes additional contributions will cause me to exceed limits under Code Section 415 or 402(g), (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 _____
--	------------

Retirement Plan Administration Plan Authorization Form Submission Instructions

Required Documents

A SchoolsFirst Federal Credit Union Plan Authorization Form must be submitted to SchoolsFirst Federal Credit Union (FCU) to authorize any transaction involving 403(b) or Roth 403(b) amounts from investment providers of your employer or former employer's plan. The investment provider may require its own paperwork in addition to our Authorization Form. Authorization Forms provide a summary of critical information regarding your request that assists us with authorizing the transaction. Please review the instructions below to ensure that you are providing all necessary documents to expedite the authorization process.

Authorization Type	Include the Following Documentation
Distribution/Rollover	<ol style="list-style-type: none"> 1. Completed Investment Provider distribution/rollover paperwork. 2. Completed SchoolsFirst FCU Plan Distribution/Rollover Authorization Form. <p>Requires a distributable event (i.e., age 59 ½, RMD, separation from service, death, disability, QDRO, or excess correction)</p> <p>Note: Part-time substitute and adjunct employees are not considered separated from service. Verification of your distributable event is required. For age related events, please include a copy of a valid ID for verification.</p>
403(b) Hardship Withdrawals	<ol style="list-style-type: none"> 1. Completed Investment Provider hardship distribution paperwork. 2. Completed SchoolsFirst FCU Plan Hardship Authorization Form and Hardship Questionnaire. 3. Proof of unpaid hardship expenses equal to or more than the amount requested. <p>Note: Contributions to all employer plans under this district must cease for a 6-month period for a hardship distribution to be approved. See Plan Hardship Distribution Documentation Guidelines for clarification on qualified hardship reasons and specific documentation guidelines.</p>
Exchanges*	<ol style="list-style-type: none"> 1. Completed Investment Provider exchange paperwork. 2. Completed SchoolsFirst FCU Plan Exchange Authorization Form.
Purchase of Service Credit	<ol style="list-style-type: none"> 1. Completed Investment Provider paperwork. 2. Completed STRS, PERS or PARS paperwork. 3. Completed SchoolsFirst FCU Plan Exchange Authorization Form.
Plan Loans	<ol style="list-style-type: none"> 1. Completed Investment Provider loan paperwork. 2. Completed SchoolsFirst FCU Plan Loan Authorization Form. 3. Current account statements for each Investment Provider listed on the authorization form. <p>Note: If requesting a residential loan, proof of home purchase must also be submitted. If a default has been repaid, offset or otherwise returned to good standing, please provide proof.</p>
<p>*Exchanges As of January 1, 2009, participants may only exchange their accounts among the approved providers in the employer's 403(b) Plan. To verify that the provider you have selected is an approved provider, review the SchoolsFirst FCU Approved Provider List available online at www.schoolsfirstfcu.org.</p>	

Processing Time Commitment

After this form has been received by SchoolsFirst Federal Credit Union in good order, it will be forwarded to your Investment Provider in 5-7 business days. Once authorized, please contact your Investment Provider to obtain information regarding the status of your request.

Submission Instructions

To expedite processing, fax the required forms for your request (as listed above) to: Attention: Retirement Plan Administration
714.258.4262

Forms may also be returned to a SchoolsFirst FCU branch location or mailed to: SchoolsFirst Federal Credit Union
Attention: Retirement Plan Administration
P.O. Box 11547
Santa Ana, CA 92711
(Please allow 2-3 additional days for processing time.)

Questions? Contact us at 800.462.8328, extension 4727

Our Plan Administrators are available to assist you Monday through Friday, 7 a.m. to 7 p.m., and Saturdays, 9 a.m. to 3 p.m. Pacific Time.

SchoolsFirst Federal Credit Union is not responsible for transaction requests that are submitted to an incorrect number resulting in personal or private information sent to a wrong location. Please check the fax number carefully before sending requests to SchoolsFirst FCU.