

VOLUNTARY SALARY DEFERRAL AGREEMENT

This form has been provided to you as an employee at San Bernardino City Unified School District. By completing and submitting this form to your District Payroll department, you are enrolling in the 457(b) Retirement Savings Plan administered by PARS in association with your employer. If you have any questions, please contact the PARS Plan Support department at (800) 540-6369.

1. Employee Information

Full Legal Name: _____

Date of Birth: _____

SSN: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Phone: () _____

Email: _____

2. Contribution Election (minimum of \$50.00/month)

I elect to participate and defer the following dollar amount of compensation per month:

\$ _____

I elect to change my contribution amount to the following dollar amount until further notice:

\$ _____

I elect to stop my contributions immediately (proceed to "Agreement & Consent" section):

Frequency of Pay: _____

Monthly

Bi-Weekly

Other (describe): _____

3. Catch-Up Contribution Election

Separate from the above, qualifying individuals under either of the below criteria are eligible to optionally defer an additional portion of their salary. If selected, the total amount of salary deferral will be increased by the following amounts:

I am age 50 or over, and defer the additional amount of:

\$ _____

I am in 1 of the last 3 years prior to normal retirement age, and defer the additional amount of:

\$ _____

4. Investment Selection

A variety of investment options are available for your specific risk-tolerance level. You may select either a managed portfolio option, whose investment advisor is TCG Investment Advisory Services LP, or select any combination of the individual fund options. Note that individual fund selections must total to 100%. Current composition/allocation information is available by contacting the PARS Plan Support department.

Notice

I understand that if I elect a Managed Investment Portfolio, my contributions will be invested in a portfolio managed by the San Bernardino City Unified School District, whose investment advisor is TCG Investment Advisory Services LP. I understand that it is my responsibility to review the investment portfolio allocation online and that such allocation is subject to change. I understand that if I have not designated an investment option, my deferral will automatically be invested in the Wells Fargo Stable Return Fund. I further understand that once my enrollment is processed, I will receive a confirmation letter from PARS confirming that my account has been established and I can go online to www.pars.org to change my investment allocations and manage my own investments at any time.

All changes in investments will apply to future deferrals. If you do not receive a confirmation letter from PARS within two weeks of submitting your enrollment form, please call PARS at (800) 540-6369.

4. Investment Selection (cont.)

Managed Portfolio Options

<input type="checkbox"/> Preservation Portfolio	Approximately 80% common stocks and 20% bonds
<input type="checkbox"/> Conservative Portfolio	Approximately 60% common stocks and 40% bonds
<input type="checkbox"/> Moderately Conservative Portfolio	Approximately 60% common stocks and 40% bonds
<input type="checkbox"/> Growth Portfolio	Approximately 40% common stocks and 60% bonds
<input type="checkbox"/> Aggressive Growth Portfolio	Approximately 20% common stocks and 80% bonds

Individual Fund Options — Make allocations in increments of 5%. Selections must total 100.00%

Fund Name	Ticker	Selection %	Fund Name	Ticker	Selection %
<input type="checkbox"/> BlackRock Total Return Inst	MAHSZ	%	<input type="checkbox"/> DFA U.S. Large Value	DFLVX	%
<input type="checkbox"/> DFA Continental Small Co.	DFCSX	%	<input type="checkbox"/> DFA Intl Small Cap Value	DISVX	%
<input type="checkbox"/> DFA Emerging Markets Core Eq I	DFCEX	%	<input type="checkbox"/> Fidelity Contra Fund	FCNTX	%
<input type="checkbox"/> DFA Intermediate Gov't F/I	DFIGX	%	<input type="checkbox"/> Hennessy Cornerstone Mid Cap	HIMDX	%
<input type="checkbox"/> DFA U.S. Small Cap	DFSTX	%	<input type="checkbox"/> Vanguard 500 Index	VFIAX	%
<input type="checkbox"/> DFA U.S. Small Value	DFSVX	%	<input type="checkbox"/> Wells Fargo Stable Return Fund	949907208	%
Total Allocation Percentage:					%

Fee Disclosure

The PARS 457(b) Deferred Compensation Plan is being offered through San Bernardino City Unified School District. TCG Investment Advisory Services LP has been hired by the District as the investment advisor and fiduciary to the plan and receives an advisory fee of 0.45% of account assets annually. PARS is the Trust Administrator and handles the ongoing administration of the Plan for annual fees equal to 0.95% of account assets valued at \$0 to \$2,500,000, 0.75% of account assets valued at \$2,500,001 to \$5,000,000, 0.50% of account assets valued at \$5,000,001 to \$20,000,000, 0.33% of account assets valued at \$20,000,001 and over. An additional charge of \$15.00 will be applied for one-time lump sum distributions, \$1.50 per recurring electronic payments, or \$3.50 per recurring check payments. If applicable, a \$20.00 charge will be applied for stop payment requests, a \$5.00 charge for a 1099R reissue and a \$50.00 charge for any 1099R revision requests. If requesting a loan, a loan origination fee of \$50.00 per loan and an annual loan maintenance fee equal to \$25.00 per year shall apply. All fees will be deducted directly from participant accounts. I understand that these fees will be deducted from my account.

5. Beneficiary Designation

Beneficiary Percentage: %	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
Name: _____	SSN: _____	Date of Birth: / /
Relationship: _____		
Beneficiary Percentage: %	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
Name: _____	SSN: _____	Date of Birth: / /
Relationship: _____		

6. Marital Status

- I am not married.** I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designation of Beneficiary.
- I am married.** If my spouse is not listed as the only Primary Beneficiary above, my spouse has signed the consent below. I understand that if my marital status changes, this designation will nevertheless remain in effect until I file a new Designation.

**All references to 'marriage' shall also include 'registered domestic partnerships,' individuals in a 'registered domestic partnership' shall be considered 'married,' and all references to a 'spouse' shall also include a registered domestic partner. A 'registered domestic partner' and a 'registered domestic partnership' refers to persons and partnerships satisfying the requirements of the California Family Code and officially registered as of the date of death with the Secretary of State as such in accordance with Section 298.5 of the California Family Code.*

6. Spousal Consent — must be notarized

I hereby consent to the above beneficiary designation of my spouse, a participant of this Plan. I understand that in consenting to the designation of anyone except myself as primary beneficiary, I am waiving my rights to a survivor benefit that I would legally be entitled to at a later date.

Spouse/Registered Domestic Partner Signature:

Date:

Name of Notary Public:

Notary Public Signature:

Date:

7. Agreement & Consent

By this Agreement, made between the undersigned District (the "Employer") and the undersigned participant (the "Employee"), the parties hereto agree as follows:

Effective with respect to amounts paid or otherwise made available to the Employee, subsequent to the execution of this Agreement, the Employee's salary will be reduced by the amount(s) indicated below. At the same time, the Employer will transmit the reduction amount to the Employee's account(s) maintained under the eligible Internal Revenue Code Section 457(b) Deferred Compensation Plan.

This Agreement shall be legally binding and irrevocable for both the Employer and the Employee with respect to amounts paid or otherwise made available while this Agreement is in effect. Either party may modify or otherwise terminate this Agreement as of the first pay period commencing with or during the first month following receipt of satisfactory written notice of such modification or termination, provided such written notice is submitted and filed with the District Payroll Department at least five (5) days prior to payroll lockout.

The amount hereunder will produce a total deferral that does not exceed the applicable limitations of Internal Revenue Code Section 457(b) and Internal Revenue Code Section 414(v). I authorize my Employer to reduce my salary by the above amount, which will be credited to my account under the Plan. I have completed this Agreement with true and correct information and understand and agree to the provisions stated above. I further understand that neither my Employer, PARS, TCG Investment Advisory Services LP, nor Charles Schwab are responsible for any losses that arise out of participation in the Plan.

Agency Signature:

Agency:

San Bernardino City Unified School District

Participant Signature:

Date: