403(b) and 457(b) Plan Administration by
SCHOOLSFIRST FEDERAL CREDIT UNION

457(b) Salary Reduction Agreement (SRA)

FAX COMPLETED FORMS TO: 714.258.4262

1. Participant Information

First Name _____ Last Name _____ Social Security Number (Required) _____ Date of Birth _____

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**
☐ SchoolsFirst FCU 457(b) DCP Share Certificate: Membership Number _____ Term (12, 36, 60)	$ _____
☐ Nationwide Retirement Builder Plan (RBP) 457(b)	$ _____
☐ Other District Specific 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 FCU 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 FCU 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