SCHOOLSFIRST
Plan Administration, LLC

403(b) Salary Reduction Agreement (SRA)

FAX COMPLETED FORMS TO: 714.258.4262
or email to rpa@schoolsfirstfcu.org

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 _____ ☐ Certificated ☐ Classified

Employee ID (Required for LA Districts Only) _____ Participant Email Address _____

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 ___________________________

Requested Action	Investment Provider Name	Type of Deferral: Pre-Tax 403(b)	Type of Deferral: Roth 403(b)	Amount
☐ Begin ☐ Resume ☐ Change ☐ Cancel		☐	☐	$
☐ Begin ☐ Resume ☐ Change ☐ Cancel		☐	☐	$
☐ Begin ☐ Resume ☐ Change ☐ Cancel		☐	☐	$

Total Deduction Per Paycheck $ _____

3. Financial Advisor/Agent Information (This section is optional)

Financial Advisor/Agent Name (Optional) _____ Financial Advisor/Agent Phone Number (Optional) _____

Financial Advisor/Agent Email Address (Optional) _____ ☐ 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 Plan Administration, LLC 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 Plan Administration believes additional contributions will cause me to exceed limits under Code Section 415 or 402(g), (2) if receipt of returned contributions due to no account establishment

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 _____

Form - 403-200SF (07/2021)