

FBC Salary Reduction Agreement

457(b), 403(b) and Roth 403(b)



Instructions The FBC Salary Reduction Agreement is to be used to establish or change with your employer the dollar amount that you want to have deducted from your paycheck as contributions to the selected investment company(s). Upon completion, submit the original form to your district payroll office. Please also fax or mail a copy of this form to the FBC Offices. FBC Fax: (800) 597-8206

Fringe Benefits Consortium
Attn: Annette Martinez
6401 Linda Vista Road Room 506
San Diego, CA 92111

Employee Information	Participant Name	Social Security Number		
	School District (Employer)	Home Phone Number		
	Participant Mailing Address <small>(Street)</small>	E-mail Address		
	<small>(City, ST ZIP)</small>	Date of Birth	Number of Pay Periods Per Year <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/>	

Purpose

I want to **STOP CONTRIBUTIONS** to my current provider Effective Date: _____

I want to **BEGIN CONTRIBUTIONS** or **RESUME CONTRIBUTIONS** Effective Date: _____

I want to **CHANGE FUTURE CONTRIBUTION AMOUNTS** and/or **PROVIDER** Effective Date: _____

457(b) I hereby agree to reduce my eligible salary or wages on each pay period by \$_____ and direct my Employer to contribute this amount on my behalf to the investments options I have selected under the Fringe Benefits Consortium Nationwide 457(b) account. **[Vendor Code # 27000]**

403(b) I hereby agree to reduce my eligible salary or wages each pay period by the amount(s) specified below and direct my Employer to contribute this amount on my behalf to my 403(b) account(s) to the investment company(s) specified below:

Vendor Name	Code #	VIN #	Dollar Amount
<i>Fringe Benefits Consortium Nationwide 403(b)</i>	25000	1144	\$
Other:			\$
Other:			\$
Other:			\$
TOTAL			\$

Roth 403(b) I hereby agree to reduce my eligible salary or wages on an after tax basis each pay period by \$_____ and direct my Employer to contribute this amount on my behalf to the investment options I have selected under the Fringe Benefits Consortium Nationwide Roth 403(b) account. **[Vendor Code # 80100]**

Employee Approval

I understand and agree to the following:

- this Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect;
- 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,
- this Salary Reduction Agreement may be changed with respect to amounts not yet paid or available.

Nothing herein shall affect the terms of employment between the Employer and myself. This agreement supersedes all prior Salary Reduction Agreements and shall automatically terminate if my employment is terminated.

I understand that I may not contribute an amount which will exceed the annual additions limitation under Code Section 415 or permit excess elective deferrals under Code Section 402(g).

In the event that I exceed my maximum contribution limit to my FBC Nationwide 457(b) Plan, I authorize any excess contribution to be made into my FBC Nationwide 403(b) plan or vice versa.

I understand that the provisions of the attached *457(b), 403(b), and Roth 403(b) Estimated Maximum Contribution Worksheet*, Employer policy statement, and other enrollment information are legally binding and are incorporated herein by reference.

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.

Employee Signature X	Date
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Employer Approval Approved By District	Keyed by	Paycheck Date
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