



San Diego County Office of Education
FBC Deferred Compensation Program

Enrollment Packet
401(a) / 403(b) / 457(b) Plan

Check List & Instructions

To Request An Individual Appointment:

Option 1 - Complete the following information and send, via interoffice mail, to SDCOE – Room 505 – Attention: Annette Martinez. Your representative will then contact you.

Last Name: _____ First Name: _____

Telephone: (____) - ____ - _____

Best Time To Call: _____ am _____ pm

Email: _____

Option2 -

E-mail Annette Martinez at amartine@sdcoe.k12.ca.us or call 1-800-560-5060 ext. 3816. She will put you in contact with a representative. Your appointment will be confirmed via e-mail or phone.

To Self-Enroll:

Complete the required forms as indicated below and send, via interoffice mail, to SDCOE – Room 505 – Attention: Annette Martinez

	Enrollment Form	Required
	457b and 403b Salary Reduction Form	Required (Original <u>must</u> be submitted to your district payroll department. Include a <u>copy</u> with your application.)
	Maximum Contribution Worksheet for 2004	Required (Original form #1 and form #2 <u>must</u> be submitted to your district payroll department. Include a <u>copy</u> with your application
	Transfer Form	Necessary if rolling another TSA into this program. <i>It is recommended that you schedule an appointment with your district representative to assist you with this form. District representatives are often in your immediate area. Please take advantage of these opportunities to schedule an appointment.</i>
	Meeder Financial Active Management	Required if you would like Meeder Advisory Services to manage your account. You must return the entire Meeder Advisory Services packet for enrollment to be valid.

For more fund details or to contact your district representative, please visit our website www.fbcetire.com. For fund options, click on "Investment Options," which will give you the available funds and their respective fact sheet. To locate your district representative, click on "Financial Advisors," which lists each participant district.

Information Phone Line: 1-800-560-5060 ext. 3816
Attention: Annette Martinez

Securities offered through Sentra Securities Corp.

Member NASD/SIPC

Nationwide Enrollment Form



San Diego County Schools Fringe Benefits Consortium
 Application Form - Group Account Number: 196-80051

**COMPLETE AND FORWARD ALL REQUIRED PAGES
 VIA INTEROFFICE MAIL TO:
 SDCOE-ROOM 505 ATTN: ANNETTE MARTINEZ**

Keep a Copy for your Records. This is an initial election form only. All election changes must be made via the Internet at: www.fbcretire.com or by phone at : 1-800-772-2182

Employee Information	Employee Name	Work Phone
	School District	Home Phone
	E-mail Address	Social Security Number
	Home Address (Street)	Date of Birth
	(City, State, Zip)	Date of Hire

Investment Elections

_____ I elect to participate in Meeder Financial Active Management. I understand that all of my contributions & transfers will be placed into the Gartmore Money Market account until such time as my assets are moved to selected funds. _____ Initials

If my Meeder Financial Application Kit does not accompany this form, the Plan directs that deferrals and transfers shall be managed by Meeder Financial Active Management fee for service program. This program includes a 1.5% asset management fee. Funds shall be managed as follows until the Application Kit is received.

Participant's Age	Category
Younger than 35	Moderate Growth Portfolio (#4)
Between 35 & 50	Balanced Portfolio (#3)
Older than 50	Balanced Income Portfolio (#2)

*participants will not automatically be moved from one category to the next as their age changes

*Make allocations in increments of 5%. Percentages must total 100%
 These allocations will be used for all deposits within the 401(a), 403(b) and/or 457(b) Plans.*

<p>Large Cap Funds</p> <p>_____ % AIM Basic Value (434)(GTVLX)</p> <p>_____ % Opphmr Main Street Grow & Inc (856)(MSIGX)</p> <p>_____ % S&P 500 Index (356)(NWISX)</p> <p>_____ % Amer-Growth Fund of America (662)(RGACX)</p> <p>_____ % Amer-Investment Company of America (700)(RICCX)</p> <p>_____ % Amer-Washington Mutual Investors (767)(RWMCX)</p> <p>_____ % Calvert Social Index Fund (263)(CSXAX)</p> <p>Mid Cap Funds</p> <p>_____ % Dreyfus Mid Cap Value (733)(DMCVX)</p> <p>_____ % Fidelity Adv Mid Cap Stock (758)(FMCDX)</p> <p>_____ % AIM Mid Cap Equity (411)(GTAGX)</p> <p>Small Cap Funds</p> <p>_____ % Armada Small Cap (363)(AMRRX)</p> <p>_____ % Strong Adv Small Cap Value (302)(SMVAX)</p> <p>_____ % AIM Small Cap Growth (437)(GTSAX)</p> <p>_____ % Amer-Small Cap World Fund (726)(RSLCX)</p> <p>International Funds</p> <p>_____ % Putnam International Equity (993)(POVSX)</p> <p>_____ % Opphmr Developing Markets (844)(ODMAX)</p> <p>_____ % Thornburg Intl Value (427)(TGVIX)</p> <p>Balanced Funds</p> <p>_____ % Amer-American Balanced Fund (816)(RLBCX)</p> <p>_____ % Amer-Capital Income Builder (484)(RIRCX)</p> <p>_____ % Amer-Income Fund of America (692)(RIDCX)</p>	<p>Specialty Funds</p> <p>_____ % Franklin Biotech Discovery (271)(FBDIX)</p> <p>_____ % AIM Real Estate Fund (576)(IARAX)</p> <p>_____ % Amer-Capital World Grow & Inc (388)(RWICX)</p> <p>_____ % Amer-New Perspective Fund (706)(RNPCX)</p> <p>_____ % Opp Gold & Sp Mineral (374)(OPGSX)</p> <p>Bond Funds</p> <p>_____ % Pimco Total Return (138)(PTTAX)</p> <p>_____ % Strong Gov't Securities(876)(STVSX)</p> <p>_____ % Fidelity Adv High Yield (285)(FAHYX)</p> <p>_____ % Amer-Bond Fund of America (814)(RBFCX)</p> <p>_____ % Amer-Intermed Bond Fund of America (693)(RBOCX)</p> <p>_____ % Calvert Income Fd (261)(CFICX)</p> <p>Risk Profile Funds (Life Style Funds)</p> <p>_____ % Investor Destination Aggress (971)(NDASX)</p> <p>_____ % Investor Destination Mod Aggress (971)(NDMSX)</p> <p>_____ % Investor Destination Moderate (972)(NSDMX)</p> <p>_____ % Investor Destination Mod Conserv (973)(NSDCX)</p> <p>_____ % Investor Destination Conservative (974)(NDCSX)</p> <p>Stable Value Funds</p> <p>_____ % Money Market Fund (834)(GMIIX)</p> <p>_____ % Fixed Account (800)</p>
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(I understand that if I move money into the fixed account, that a market value adjustment may apply if I move money out of the fixed account.)

Beneficiary Designation	Primary Beneficiary	Social Security Number	Relationship
	Primary Beneficiary	Social Security Number	Relationship
	Secondary Beneficiary	Social Security Number (Optional)	Relationship
	Secondary Beneficiary	Social Security Number (Optional)	Relationship

IF YOU ARE MARRIED YOU MUST NAME YOUR SPOUSE AS YOUR PRIMARY BENEFICIARY UNLESS YOUR SPOUSE SIGNS WAIVER

Employee Signature	I understand that: The above investment elections may involve financial risk. "Market Timing" is not permitted in this retirement program. There is no guarantee as to the timeliness of investment transactions including investment change requests. Fees may be assessed to Plan Assets for Administrative Expenses.	
	Employee Signature X	Date

457(b) and 403(b) Salary Reduction Agreement



San Diego County Schools Fringe Benefits Consortium

Employee Information	Employee Name	Social Security Number																			
	E-mail Address	Phone Number																			
	Name of District or Institution (Employer)	Date of Birth																			
		Number of Pay Periods Per Year <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> ____																			
	<input type="checkbox"/> I want to STOP CONTRIBUTIONS to my current 403(b) provider		Effective Date _____																		
<input type="checkbox"/> I want to BEGIN or RESUME CONTRIBUTIONS		Effective Date _____																			
<input type="checkbox"/> I want to CHANGE FUTURE CONTRIBUTION AMOUNTS and/or VENDOR(S)		Effective Date _____																			
<input type="checkbox"/> I want to TERMINATE PARTICIPATION AS SOON AS POSSIBLE		Effective Date _____																			
457(b)	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages each pay period by \$_____ and direct my Employer to contribute this amount on my behalf to the investment options I have selected under my San Diego Schools Fringe Benefits Consortium 457(b) account. [Vendor Code 27000]																				
403(b)	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages each pay period by the amount(s) specified below and direct by Employer to contribute this amount on my behalf to my 403(b) account(s) at the investment company(s) specified below: <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Vendor Name</th> <th style="width: 20%;">Code</th> <th style="width: 20%;">Dollar Amount</th> </tr> </thead> <tbody> <tr> <td>San Diego County Schools Fringe Benefits Consortium 403(b)</td> <td style="text-align: center;">25000</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Other:</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Other:</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Other:</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>			Vendor Name	Code	Dollar Amount	San Diego County Schools Fringe Benefits Consortium 403(b)	25000	\$	Other:		\$	Other:		\$	Other:		\$	TOTAL		\$
Vendor Name	Code	Dollar Amount																			
San Diego County Schools Fringe Benefits Consortium 403(b)	25000	\$																			
Other:		\$																			
Other:		\$																			
Other:		\$																			
TOTAL		\$																			
Employee Signature	<p>I understand and agree to the following:</p> <ol style="list-style-type: none"> a. this Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect; b. 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 remains in effect until a new Salary Reduction Agreement is submitted; and c. this Salary Reduction Agreement may be changed with respect to amounts not yet paid or available. d. The Plan directs that deferrals that are not accompanied by investment direction shall be managed by Meeder Financial Active Management as indicated in the following table. A 1.5% management fee applies. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;">Participant's Age</th> <th style="width: 60%;">Category</th> </tr> </thead> <tbody> <tr> <td>Younger than 35</td> <td>Moderate Growth Portfolio (#4)</td> </tr> <tr> <td>Between 35 & 50</td> <td>Balanced Portfolio (#3)</td> </tr> <tr> <td>Older than 50</td> <td>Balanced Income Portfolio (#2)</td> </tr> </tbody> </table> <p><small>*participants will not automatically be moved from one category to the next as their age changes</small></p> <p>Nothing herein shall affect the terms of employment between the Employer and myself. This agreement supercedes all prior Salary Reduction Agreements and shall automatically terminate if my employment is terminated.</p> <p>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).</p> <p>In the event that I exceed my maximum contribution limit contribution limit to my 457(b) Plan, I authorize any excess contribution to be made into my 403(b) plan or vice versa.</p> <p>I understand that the provisions of the attached <i>403(b) and 457(b) Estimated Maximum Contribution Worksheet</i>, Employer policy statement, and other enrollment information are legally binding and are incorporated herein by reference.</p>			Participant's Age	Category	Younger than 35	Moderate Growth Portfolio (#4)	Between 35 & 50	Balanced Portfolio (#3)	Older than 50	Balanced Income Portfolio (#2)										
Participant's Age	Category																				
Younger than 35	Moderate Growth Portfolio (#4)																				
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Older than 50	Balanced Income Portfolio (#2)																				
	Employee Signature X	Date																			
Employer Approval	Approved by District:	Keyed by	Pay Check Date																		

Maximum Contribution Worksheet for 2004

(Form #1)



San Diego County Schools Fringe Benefits Consortium
457(b) and 403(b) Estimated Maximum Contribution Worksheet - Form #1

Employee Information	Employee Name	Social Security Number
	E-mail Address	Phone Number
	Name of District or Institution (Employer)	School Name

457(b) Calculations	1. Annual Deferral Limit 1 <u> \$13,000 </u> 2. Type "A" Catch-up Contribution a. Will you reach Age 50 by 12/31/2004? 2a <u> Yes / No </u> b. If Yes, enter \$3,000 on line 2b. If No, enter \$0 2b <u> </u>
	3. Type "B" Catch-up Contribution (attach Max. Contribution Worksheet for 2004 - Form #2) a. Enter amount calculated using Maximum Contribution Worksheet for 2004 - Form #2 - Answer 6d 3a <u> </u> If you are not eligible for the type "B" Catch-up, enter \$0 on 3a. 4. Add lines 1 and the greater of 2b or 3a. Enter total on line 4 4 <u> </u> Line 4 is your total Maximum 457(b) Contribution Amount for 2004 5. Enter total of any contributions already made to 457(b) plans during 2004 5 <u> </u>
	6. Subtract line 5 from line 4 6 Line 6 is the total remaining amount you may contribute to a 457(b) plan during 2004

For Tax Year Beginning January 1, 2004

403(b) Calculations	<p><i>*You must maximize your type "A" contribution prior to utilizing the type "B" contribution.</i></p> 1. Annual Deferral Limit 1 <u> \$13,000 </u> 2. Type "A" Catch-up Contribution ** a. Have you completed 15 or more years of service with your current school district/employer? 2a <u> Yes / No </u> <i>If you answered "No" to line 2a, skip to line 5 and enter \$0. Do not complete steps 2b through 4b.</i> b. Have your previous total 403(b) contributions averaged less than \$5,000 per year? 2b <u> Yes / No </u> <i>If you answered "No" to line 2a or 2b, skip to line 5 and enter \$0</i> <i>If you answered "Yes" to line 2a and 2b, continue</i> ** If you have 15 years of service with your current school district/employer and your deferral average for all previous years does not exceed \$5,000, you are eligible to defer an annual addition Type "A" Catch-up Contribution amount of \$3,000 up to a maximum lifetime limit of \$15,000.
	3. Have you made any Type "A" Catch-Up contributions? 3 <u> Yes / No </u> <i>If you answered "No" to line 2 then skip to line 5 and enter \$3,000</i> 4. Complete Question 4 Only If Answer To Line 3 is Yes a. Enter total amount of any previous Type "A" Catch-Up contributions 4a <u> </u> b. Subtract line 4a from \$15,000 and enter amount 4b <u> </u> <i>If line 4b is equal to or greater than \$3,000 skip to line 5 and enter \$3,000</i> <i>If line 4b is less than \$3,000 then enter line 4b amount on line 5</i>
	5. Type "A" Catch-up Contribution Amount 5 <u> </u> (may not exceed \$3,000) 6. Type "B" Catch-up Contribution a. Will you reach Age 50 by 12/31/2004? 6a <u> Yes / No </u> b. If Yes, enter \$3,000 on line 6b. If No, enter \$0 6b <u> </u>
	7. Add lines 1, 5, and 6b then enter total 7 <u> </u> This is your total Maximum 403(b) Contribution Amount for 2004 8. Enter total of any contributions already made to 403(b) plans during 2004 8 <u> </u>
	9. Subtract line 8 from line 7 9 Line 9 is the total remaining amount you may contribute to a 403(b) plan during 2004

For Tax Year Beginning January 1, 2004

Employee Signature	<p>IMPORTANT: You may rely on the accuracy of this Worksheet if the information you provide is correct and complete. Neither Fringe Benefits Consortium, San Diego School District, nor National Benefit Services, Inc. has pre-2004 data for purposes of calculating the 403(b) Type "A" Catch-Up Contribution. Please make sure the information you provide is correct. By signing this Worksheet, you certify that all the information provided is accurate and you agree to indemnify and hold harmless Fringe Benefits Consortium, San Diego School District, and National Benefit Services, Inc. from any and all damages which may result from providing inaccurate or incomplete information. You understand and agree that your total annual contributions to the 403(b) Plan may not exceed the lesser of \$41,000 or 100% of compensation.</p> <p style="text-align: center;">THIS FORM MUST ACCOMPANY THE SALARY REDUCTION AGREEMENT</p>		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Employee Signature X</td> <td style="width: 40%; border-bottom: 1px solid black;">Date</td> </tr> </table>	Employee Signature X	Date
Employee Signature X	Date		

Maximum Contribution Worksheet For 2004 - Continued

(Form #2)



San Diego County Schools Fringe Benefits Consortium

457(b) and 403(b) Estimated Maximum Contribution Worksheet - Form #2

If you are a participant employed by a community college in the San Diego FBC Plan, you are REQUIRED to complete a separate form available at the FBC Office. Please contact Annette Martinez at (800) 560-5060 for a copy of the form.

457(b) Final 3-year Catch-up Option

This Catch-up option is only available to you if you are in your final 3 years of employment prior to Normal Retirement Age.

Step 1: How to Determine your Normal Retirement Age:

Please complete the following section to determine whether you are eligible for the 457(b) Final 3 Year Catch-up (Type "B" Catch-up Contribution) by determining your Normal Retirement Age.

- | | |
|--|---------------------------------|
| 1. Are you eligible or will you become eligible for full retirement benefits under PERS or another retirement system before or during 2007? | 1. <u> </u> yes / no |
| a. If yes, go to question 2. | |
| b. If no, you currently are not eligible for the 457(b) Final 3-Year Catch up. Skip to answer 6d and enter \$0.00. | |
| 2. In what calendar year did you become or will you become eligible for full retirement benefits under PERS or another retirement system? | 2. <u> </u> |
| 3. In what calendar year will you terminate employment with your San Diego County School District? | 3. <u> </u> |
| 4. You may designate any year between the year <u> </u> (insert answer #2) and the year <u> </u> (insert answer #3) as the year in which you will reach your Retirement Age. | |
| a. What year do you designate as the year in which you reach your Normal Retirement Age?
Please note your "Normal Retirement Age" as designated above will be used ONLY for purposes of calculating the 457(b) Final 3 Year Catch-up Option. It will not determine the year in which you may actually retire. | 4a. <u> </u> |
| b. How old will you become in the year designated on answer 4a? This is your Normal Retirement Age. | 4b. <u> </u> |
| 5. What are the three years prior to the year you designated on answer 4a? Show your answer on lines 5a,5b, and 5c. These are the years you may utilize the 457(b) Final 3-Year Catch-Up Contribution. | 5a. <u> </u> |
| | 5b. <u> </u> |
| | 5c. <u> </u> |

* Once a Participant has utilized the catch-up limitation under Section 4.2 of the Plan Document or under a comparable provision of another eligible Deferred Compensation Plan, that Participant's Normal Retirement Age may not thereafter be changed for the purpose of funding their final 3-year catch-up contribution.

Step 2: How to determine your eligible catch-up amount:

If you have completed step 1 and are eligible to use the 457(b) Final 3-year Catch-up Option during this year (see question 5), complete the following section. (You may reference the example below)

Plan Year	Gross Compensation	Max Possible Deferral	Actual Deferral*	Amount Not Used
2002	\$ <u> </u> * 100% =	\$ <u> </u> (not to exceed \$11,000)	- \$ <u> </u>	= 6a. <u> </u>
2003	\$ <u> </u> * 100% =	\$ <u> </u> (not to exceed \$12,000)	- \$ <u> </u>	= 6b. <u> </u>
Total Amount Not Used				= 6c. <u> </u>
Special Catch-up rule for 2004 =				
6d. Enter the lesser of \$13,000 or the Total Amount Not Used [To be entered on Form #1 457(b) Section - Answer (3a)]				6d.

EXAMPLE: If you are in the final three years of employment before normal age of retirement:

Plan Year	Gross Compensation	Max Possible Deferral	Actual Deferral	Amount Not Used
2002	\$ <u>46,000.00</u> * 100% =	\$ <u>11,000.00</u> (not to exceed \$11,000)	- \$ <u>10,000.00</u>	= \$ <u>1,000.00</u>
2003	\$ <u>46,000.00</u> * 100% =	\$ <u>12,000.00</u> (not to exceed \$12,000)	- \$ <u>12,000.00</u>	= \$ <u>0.00</u>
Total Amount Not Used				= \$ <u>1,000.00</u>
Special Catch-up rule for 2004 =				
Enter the lesser of \$13,000 or the Total Amount Not Used				\$ <u>1,000.00</u>

Transfer Form



San Diego County Schools Fringe Benefits Consortium
Custodial Account Transfer Form

Employee Information	Employee Name	Social Security Number
	E-mail Address	Work Phone Number
	Name of District or Institution (Employer)	Home Phone Number
	Home Address <small>(Street)</small> <small>(City, State, Zip)</small>	Name of Broker
Prior Vendor Information	<input type="checkbox"/> I want to Transfer 100% of my account. Estimated account value is \$ _____ . <input type="checkbox"/> I want to Transfer \$ _____ or _____ % from my account	
	Type of account being transferred <input type="checkbox"/> 401(a) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b)	
	Current Vendor Name	Current Vendor Phone Number
	Current Vendor Address	Current Account Number of Transferring Assets
	* Please check with your Previous Employer _____	
Asset Information	<input type="checkbox"/> Yes <input type="checkbox"/> No Were the assets that are being transferred accumulated under a 403(b) Plan other than your current employer's 403(b) Plan? If "Yes" answer the following Questions:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Are the assets that are being transferred subject to spousal consent requirements under the Employee Retirement Income Security Act (ERISA)?* <input type="checkbox"/> Yes <input type="checkbox"/> No Are the assets subject to any other distribution restrictions?* If yes, please explain: _____	
Asset Allocations for Transferring Funds	<input type="checkbox"/> Existing Allocations at Nationwide -or- <input type="checkbox"/> _____ % _____ % _____ % _____ %	
	Employee Signature By executing this Transfer Form I hereby agree to the terms and conditions stated in this Transfer Form. I hereby direct the investment provider identified on this Form to liquidate the designated amount of the account listed on this Form, and to transfer the proceeds to my San Diego Fringe Benefits Consortium (FBC) 403(b) Custodial Account, except to the extent my current employer or any of my former employers prohibits transferability. In the event of such prohibition, I hereby direct said investment provider to retain the nontransferable portion of my account in a separate account or contract and to transfer the remainder.	
	Employee Signature X	Date
	Custodian Approval	Authorized Representative Signature X
Signature Guarantee	(If Required) X	Date
Information Requested of Prior Vendor:	Please Provide the Following Information: 1. Account Balance as of 12/31/88; Post-1988 Contributions 2. Account Balance as of 12/31/86 3. Dollar Amount Breakdown by Each Money Type Please Include: FBO, Social Security Number, and Account Number 196-80051	
	Mail to: San Diego County Schools FBC Retirement Program c/o National Benefit Services, Inc. P.O. Box 1906 Sandy, UT 84091 Please Make Checks Payable To: Nationwide Trust Co.	