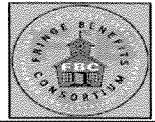


457(b) and 403(b) Salary Reduction Agreement



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: | | | | |
| | | Vendor Name | Code # | VIN # | Dollar Amount |
| | | San Diego County Schools Fringe Benefits Consortium 403(b) | 25000 | | \$ |
| | | Other: | | | \$ |
| | | Other: | | | \$ |
| | | Other: | | | \$ |
| | | TOTAL | | | \$ |
| Employee Signature | I understand and agree to the following: 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. 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. 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 contribution limit to my 457(b) Plan, I authorize any excess contribution to be made into my 403(b) plan or vice versa. 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. | | | | |
| | Employee Signature X | | | Date | |
| Employer Approval | Approved by District: | Keyed by | Pay Check Date | | |

Please return document as follows:

- send the original document to your district payroll office
- send a copy of the original to the San Diego County Office of Education Room 505 ph: 1-800-560-5060x3816