

fax

TO: SchoolsFirst FCU
Retirement Plan Administration

FROM:

FAX: 714.258.4262

PAGES:

PHONE: 800.462.8328, ext. 4727

DATE:

RE:

CC:

Thank you for faxing your Salary Reduction Agreement(SRA) request to SchoolsFirst FCU Retirement Plan Administration for processing.

PROCESSING EXPECTATIONS:

Paper SRAs received by 12:00 PM will be processed by SchoolsFirst within 1 business day from receipt. It could take up to 3 business days for information to be transmitted to your school district.

Online SRAs that are submitted will be processed by SchoolsFirst the same day. This information will be transmitted to your school district the following business day. You can log in to pa.schoolsfirstfcu.org to confirm that your request has been completed and to make future SRA changes.



Your District Retirement Plan Online

Access to your retirement plan has just become faster and more convenient.

- 24/7 access
- Ability to adjust your deferral amounts
- View your year-to-date summary
- View 403(b) & 457(b) plan limits

How to log in to the SchoolsFirst FCU Plan Vue™ Plan Administration website:

- ☐ Go to pa.schoolsfirstfcu.org
- ☐ Enter your Social Security Number (no dashes) as your User ID
- ☐ Enter the last 4-digits of your Social Security Number as your Password
- ☐ Select the Employee role
- ☐ Answer the Alternate Verification Question
- ☐ Select a new User ID and Password, then confirm
- ☐ Update your email and phone number under the Personal Profile tab

1. Participant Information

First Name _____	Last Name _____	Social Security Number (Required) _____	Date of Birth _____
Street Address _____	City _____	State _____	Zip Code _____
School District _____			County _____
Employee ID (Required for LA Districts Only) _____		Participant Email Address _____	

☐ Certificated ☐ Classified

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		Amount
		Pre-Tax 403(b)	Roth 403(b)	
<input type="checkbox"/> Begin <input type="checkbox"/> Resume <input type="checkbox"/> Change <input type="checkbox"/> Cancel	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Begin <input type="checkbox"/> Resume <input type="checkbox"/> Change <input type="checkbox"/> Cancel	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Begin <input type="checkbox"/> Resume <input type="checkbox"/> Change <input type="checkbox"/> Cancel	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Total Deduction Per Paycheck				\$ _____

3. Financial Advisor/Agent Information

Financial Advisor/Agent Name _____	Financial Advisor/Agent Phone Number _____
Financial Advisor/Agent Email Address _____	<input type="checkbox"/> 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 FCU and National Benefit Services, LLC charge 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 FCU believes additional contributions will cause me to exceed limits under Code Section 415 or 402(g), (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 _____
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