

# 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](http://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](http://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	Phone Number
School District	County		<input type="checkbox"/> Certificated <input type="checkbox"/> Classified
Employee ID (Required for LA Districts Only)		Participant Email Address	

## 2. Action

This agreement supersedes all prior 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](http://pa.schoolsfirstfcu.org).

**I Want to :**     **Begin** Contribution(s)     **Change** Future Contribution(s)     **Cancel** All Contributions

Effective date:     Next Available Pay Date     Future Pay Date \_\_\_\_\_

Investment Provider:	Dollar Amount
<input type="checkbox"/> SchoolsFirst FCU 457(b) DCP Share Certificate: Membership Number _____ <span style="float:right; font-size:small;">Term (12, 36, 60)</span>	\$ _____
<input type="checkbox"/> Nationwide Retirement Builder Plan (RBP) 457(b)	\$ _____
<input type="checkbox"/> Other District Specific 457(b) _____	\$ _____
<b>Total Deduction Per Paycheck \$ _____</b>	

## 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 agent on my behalf

## 4. 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 457(b) 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. In accordance with IRC Section 457(b)(4), a salary reduction agreement must be signed, dated and received by SchoolsFirst FCU for processing the calendar month prior to which you wish your deferrals to begin.

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 457(b)(3), (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
----------------------------------	------