



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	Date of Hire
Street Address	City	State	Zip Code	Phone Number
School District	County			
Employee ID (Required for LA Districts Only)	Participant Email Address			

Certified 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 _____

<u>Requested Action</u>	<u>Investment Provider Name</u>	<u>Type of Deferral</u>		<u>Amount</u>
		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 Plan Administration, LLC charges 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 Plan Administration 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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1. Participant Information

First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth	Date of Hire
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.

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"/> Empower #: 67 457(b)	\$ _____
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 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 Plan Administration 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 Plan Administration 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
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Fax

To: Retirement Plan Administration
Fax: 714.258.4262
Phone: 800.462.8328 x4727

From:
Fax:
Phone:

Date:

Total Pages, Including Cover:

Processing Expectations:

Paper SRAs can take up to 5-business days to transmit to your school district. For faster processing, complete your SRA online log in at pa.schoolsfirstfcu.org, online SRAs are transmitted to your school district the following business day.