

FBC Salary Reduction Agreement

457(b) and 403(b)



Fringe Benefits Consortium

Instructions	The FBC Salary Reduction Agreement is to be used to establish or change with your employer the dollar amount that you want to have deducted from your paycheck as contributions to the selected investment company(s). Upon completion, PLEASE SUBMIT THE ORIGINAL TO YOUR PAYROLL OFFICE . Please also fax a copy of this form to (800) 597-8206.																											
Employee Information	Participant Name		Social Security Number																									
	School District (Employer)		Home Phone Number																									
	Participant Mailing Address (Street)		E-mail Address																									
	(City, ST ZIP)		Date of Birth	Number of Pay Periods Per Year <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/>																								
Purpose	<input type="checkbox"/> I want to STOP CONTRIBUTIONS to my current provider Effective Date: _____ <input type="checkbox"/> I want to BEGIN CONTRIBUTIONS or RESUME CONTRIBUTIONS Effective Date: _____ <input type="checkbox"/> I want to CHANGE FUTURE CONTRIBUTION AMOUNTS and/or PROVIDER Effective Date: _____																											
457(b)	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages on each pay period by \$_____ and direct my Employer to contribute this amount on my behalf to the investments options I have selected under the Fringe Benefits Consortium Nationwide 457(b) account. [Vendor Code # 8420]																											
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 my Employer to contribute this amount on my behalf to my 403(b) account(s) to the investment company(s) specified below: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Vendor Name</th> <th style="text-align: center;">Code #</th> <th style="text-align: center;">VIN #</th> <th style="text-align: center;">Dollar Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><i>Fringe Benefits Consortium Nationwide 403(b)</i></td> <td style="text-align: center;"><i>0532</i></td> <td style="text-align: center;"><i>1144</i></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>				Vendor Name	Code #	VIN #	Dollar Amount	<i>Fringe Benefits Consortium Nationwide 403(b)</i>	<i>0532</i>	<i>1144</i>	\$ _____	Other:			\$ _____	Other:			\$ _____	Other:			\$ _____	TOTAL			\$ _____
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Employee Approval	<p>I understand and agree to the following:</p> <ol style="list-style-type: none"> this Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect; 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, this Salary Reduction Agreement may be changed with respect to amounts not yet paid or available. <p>Nothing herein shall affect the terms of employment between the Employer and myself. This agreement supersedes 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 to my FBC Nationwide 457(b) Plan, I authorize any excess contribution to be made into my FBC Nationwide 403(b) plan or vice versa.</p> <p>I understand that the provisions of the <i>457(b) and 403(b) Estimated Maximum Contribution Worksheet</i>, Employer policy statement, and other enrollment information are legally binding and are incorporated herein by reference.</p> <p>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.</p> <p>I understand that as compensation for general plan administration and compliance services, National Benefit Services, LLC receives \$2.00 per month for each employee making a salary deferral to the plan. This fee is invoiced to the employee's investment provider(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Employee Signature X</td> <td style="width: 40%;">Date</td> </tr> </table>				Employee Signature X	Date																						
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Employer Approval	Approved By District	Keyed by	Paycheck Date																									

Upon completion, submit the original form to your district payroll office and fax a copy to (800) 597-8206.