

457(b) Salary Reduction Agreement (SRA)

FRINGE BENEFITS CONSORTIUM (FBC)

4 Dawlinius at E	-6			FAX COM	IPLETED FORMS TO: 714.258.4262
1. Participant I	nformation				
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	Cer	tificated Classified
Employee ID (Required for L 2. Action	A Districts Only)		Participant Email Address		
This agreement super	least 30 days, but	not more than	greements (SRA) on file, only th 90 days, prior to the effective d		
I WANT TO: BE	GIN Contribution(s)	☐ CHANGI	E Future Contribution(s)	CANCEL All Contributions	
Effective date: \(\square\) N	ext Available Pay D	ate 🗌 Futui	re Pay Date		
Investment Providence	der:				Dollar Amount
☐ Empowe	r / FBC 457(b))			\$
			Tota	l Deduction Per Payo	heck \$
3. Financial Adv	risor/Agent Inf	ormation			
Financial Advisor/Agent Nam	ne.			 Financial Ad	lvisor/Agent Phone Number
, , , , , , , , , , , , , , , , , , ,				<u></u>	contact my agent on my behalf
Financial Advisor/Agent Ema	ail Address				
4. Signatures					
 This Agreement super The Agreement is lead. The Agreement may Nothing herein shall This Agreement shall In accordance with 1 	n Agreement (Agreenersedes and replaces gally binding and irrebe terminated or monaffect the terms of not automatically terminated Section 457(b)(4	ment) is an agree all prior 457(b) evocable with resoldified at any tir ny employment nate if my emplo), a salary reduce		e while this agreement is ir vailable.	n effect.
		is Salary Reduct	ion Agreement in the event of any		shoola Firet Dlan Administration
			mits under Code Section 457(b)(3)		
	tributions will cause intermation	me to exceed ling contained in the), (2) if I take a hardship d by making this application	listribution, if available. I the release of my confidential