

RE: Your 403(b)/ 457(b) Retirement Plan

Dear District Employee:

SchoolsFirst Plan Administration is the third-party administrator of your 403(b) and/or 457(b) retirement plan. This letter is to inform you of the options available to help you save for retirement by participating in a 403(b) and/or 457(b) plan. These plans are designed to assist you in building and growing your savings for retirement by complimenting your pension income at retirement.

### **What is a 403(b) /457(b) plan?**

The IRS created retirement savings plans for various groups to encourage retirement savings by offering tax benefits. They developed the 403(b) for non-profit organizations and the 457(b) for state employees. Contributions to these plans are made directly from your paycheck before taxes are taken out – reducing your tax bill while saving for retirement.

### **What if I already have a 403(b)/ 457(b)?**

Great News! You always have the opportunity to increase your contributions to the 403(b) and/or 457(b) plan any time during the year, contact us and we will be happy to assist you.

### **How much may I contribute?**

You may contribute up to \$22,500 in 2023 to each plan, in addition to qualifying for additional catch-up limits. We would be happy to review these options with you in addition to answering questions you may have related to your retirement.

### **Get Started**

If you would like to start contributions to a 403(b) and/or 457(b) plan, you must first establish an account with an approved investment provider. If you are already working with a financial advisor or agent, please feel free to continue to do so. If you do not have a financial advisor or agent, we are here to help!

Our goal as your district's third-party administrator is to provide you with the very best personal service. If you have questions regarding the administration of your retirement plans, please contact **SchoolsFirst Plan Administration** at 800.462.8328, x4727 or at [rpa@schoolsfirstfcu.org](mailto:rpa@schoolsfirstfcu.org). If you would like to schedule an appointment to meet with an advisor, please contact our Retirement Planning Department at 800.462.8328, x 4116, Option 1.

Sincerely,




Jessica Jamison  
Vice President, Retirement Planning & Administration





# 403(b) Summary Plan Description

<b>Plan Type</b>	Internal Revenue Code Section 403(b)-Non-ERISA
<b>Plan Administrator</b>	SchoolsFirst Plan Administration, LLC
<b>Excluded Employees</b>	None
<b>Written Plan Effective Date</b>	1/1/2009
<b>Plan Year End</b>	December 31st
<b>Contribution Tax Treatment</b>	Pre-Tax Post-Tax (Roth 403(b) available in some districts)
<b>Contribution Limit</b>	402(g) Limit - \$22,500 per year 415(c) Limit - \$66,000 per year
<b>Contribution Sources</b>	Employee and Employer
<b>Catch-Up Contribution Limit</b>	Age 50 and 15 Years of Service Available
<b>Roth 403(b)</b>	Available in some districts
<b>Automatic Enrollment</b>	Not Available
<b>Exchanges in Plan</b>	Available only to Investment Providers listed on Approved Investment Provider List
<b>Rollovers Permitted</b>	Yes
<b>Distributions</b>	Available under the following conditions: Separation of Service, Attainment of Age 59 ½, Death, Disability, Retirement, Excess
<b>Hardship</b>	Available if request meets IRS definition pursuant to § 1.401(k)-1(d)(3)(iii) (B) of the Internal Revenue Code
<b>Loans</b>	Available <i>*Subject to availability and any additional conditions applied by individual investment providers</i>
<b>Disability</b>	Designated by the 403(b) plan
<b>Automatic Distributions</b>	Available. Initial set-up at the individual investment providers
<b>Beneficiaries</b>	Designated with each Investment Provider and <b>not</b> by the 403(b) plan

**For more information please contact SchoolsFirst FCU Plan Administration, LLC**

 **Call** 800.462.8328, ext. 4727

 **Click** [www.schoolsfirstfcu.org](http://www.schoolsfirstfcu.org)

 **Email** [retirement@schoolsfirstfcu.org](mailto:retirement@schoolsfirstfcu.org)

Retirement planning advisors and services provided as a benefit to SchoolsFirst FCU Members by SchoolsFirst Plan Administration, LLC, a wholly-owned affiliate of SchoolsFirst FCU. Not NCUA/NCUSIF/FDIC insured. May lose value. No Financial Institution Guarantee. Not a deposit of any financial institution.

This document is designed to inform Participants, Employers and Providers about the Plan in non-technical language. Every attempt is made to convey the Plan accurately. If anything in this Summary Plan Description varies from the Plan Document, the Plan Document governs.

**SCHOOLSFIRST**   
PLAN ADMINISTRATION

This form must be submitted to SchoolsFirst Plan Administration to authorize a distribution or rollover of 403(b) funds from your current or former employer's plan. This form is for one-time and systematic approvals. Your Investment Provider may require its own paperwork in addition to this form, you may include that paperwork when submitting this form. All attached forms will be forwarded to the Investment Provider indicated below upon authorization. If your distribution is due to divorce, please submit the QDRO Distribution/Rollover Authorization Form along with documentation.

Note: Please allow 5-7 business days for the authorization of your request and print clearly. Missing, illegible, or incomplete information will result in a delay of your request.

### 1 Participant Information

First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth
Street Address	City	State	Zip Code
School District Listed as Employer on this Account (REQUIRED)		Participant Email Address	
Financial Advisor Name (Optional)		Financial Advisor Phone Number (Optional)	

### 2 Qualifying Distributable Event

The following is a list of IRS approved distributable events; if none of the events listed below apply to you, you may not be eligible for a distribution or rollover. Contact your investment provider, financial advisor, or Plan Administrator for additional information regarding access to your retirement account.

Please understand the distribution authorization does not stop your current contributions to your plan. *If this is a full distribution and you would like to stop your current contributions, please submit a Salary Reduction Agreement.*

**Select Only One Applicable Event:**

- |   |               |
|---|---------------|
| <input type="checkbox"/> Age 59 1/2 or Older or Required Minimum Distribution Age 72 or Older (70 1/2 if you reached 70 1/2 before January 1, 2020)<br><i>Please provide a copy of Valid ID</i> | Date of Event |
| <input type="checkbox"/> Separation of Service/Retirement (District will verify)  | _____         |
| <input type="checkbox"/> Death of Participant (Death Certificate Required, Beneficiary will be Verified)  | _____         |
| <input type="checkbox"/> Disability (Must be long-term and/or permanent & Result in the inability to work, documentation from medical professional is required)                                 | _____         |
| <input type="checkbox"/> Qualified Birth/Adoption Expense (Max of \$5,000 within one year of the date which the child is born or legal adoption finalized, documentation required)              | _____         |
| <input type="checkbox"/> Correction of Excess Contribution  | _____         |

Amount \_\_\_\_\_

### 3 Investment Provider Information

Enter information for the Investment Provider currently holding the assets you wish to distribute or rollover.

Investment Provider	Account Number	Phone Number
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### 4 Forwarding Instructions

SchoolsFirst Plan Administration will fax or secure email the authorization to the releasing Investment Provider. If there is another contact, you would like the authorized form faxed or emailed to please list below. These forms contain non-public personal information.

Fax Number/Email Address	Attention (if applicable)
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### 5 Participant/Beneficiary Approval (Beneficiary signature only applicable upon participant's death)

I authorize the release of non-public personal information pertaining to the above accounts to SchoolsFirst Plan Administration representatives as necessary to administer the Plan and certify that the information I have provided on this form is accurate. I understand that taxes may apply to any distribution I receive that is not rolled over. I am aware that I may be assessed a 10% early withdrawal penalty by the IRS if I am under the age of 59 1/2.

Participant/Beneficiary Signature (REQUIRED)	Participant/Beneficiary Print Name (REQUIRED)	Date
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### 6 For SchoolsFirst Plan Administration Use Only

SchoolsFirst Plan Administration represents this participant (or beneficiary) is eligible to distribute or rollover amounts in accordance with the employer's plan and the Information Sharing Agreement entered into by your company and SchoolsFirst Plan Administration, provided that SchoolsFirst Plan Administration has signed below. SchoolsFirst Plan Administration, LLC reserves the right to not sign vendor paperwork according to the ISA.

Authorized SchoolsFirst Plan Administrator Signature (REQUIRED)	Date
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**Required Documents**

A SchoolsFirst Plan Administration Plan Authorization Form must be submitted to SchoolsFirst Plan Administration to authorize any transaction involving 403(b) or Roth 403(b) amounts from investment providers of your employer or former employer’s plan. The investment provider may require its own paperwork in addition to our Authorization Form. Authorization Forms provide a summary of critical information regarding your request that assists us with authorizing the transaction. Please review the instructions below to ensure that you are providing all necessary documents to expedite the authorization process.

Authorization Type	Include the Following Documentation
<b>Distribution/Rollover</b>	<ol style="list-style-type: none"> <li>1. Completed Investment Provider distribution/rollover paperwork.</li> <li>2. Completed SchoolsFirst Plan Administration Plan Distribution/Rollover Authorization Form.</li> </ol> <p>Requires a distributable event (i.e., age 59 ½, RMD, separation from service, death, disability, QDRO, or excess correction)</p> <p>Note: Part-time substitute and adjunct employees are not considered separated from service. Verification of your distributable event is required. For age related events, please include a copy of a valid ID for verification.</p>
<b>403(b) Hardship Withdrawals</b>	<ol style="list-style-type: none"> <li>1. Completed Investment Provider hardship distribution paperwork.</li> <li>2. Completed SchoolsFirst Plan Administration Plan Hardship Authorization Form and Hardship Questionnaire.</li> <li>3. Proof of unpaid hardship expenses equal to or more than the amount requested.</li> </ol> <p>Note: See Plan Hardship Distribution Documentation Guidelines for clarification on qualified hardship reasons and specific documentation guidelines.</p>
<b>Exchanges*</b>	<ol style="list-style-type: none"> <li>1. Completed Investment Provider exchange paperwork.</li> <li>2. Completed SchoolsFirst Plan Administration Plan Exchange Authorization Form.</li> </ol>
<b>Purchase of Service Credit</b>	<ol style="list-style-type: none"> <li>1. Completed Investment Provider paperwork.</li> <li>2. Completed STRS, PERS or PARS paperwork.</li> <li>3. Completed SchoolsFirst Plan Administration Plan Exchange Authorization Form.</li> </ol>
<b>Plan Loans</b>	<ol style="list-style-type: none"> <li>1. Completed Investment Provider loan paperwork.</li> <li>2. Completed SchoolsFirst Plan Administration Plan Loan Authorization Form.</li> <li>3. Current account statements for each Investment Provider listed on the authorization form. Note: If requesting a residential loan, proof of home purchase must also be submitted. If a default has been repaid, offset or otherwise returned to good standing, please provide proof.</li> </ol>
<b>QDRO Distribution/Rollover</b>	<ol style="list-style-type: none"> <li>1. Completed SchoolsFirst Plan Administration QDRO Distribution/Rollover Authorization Form.</li> <li>2. Documentation pertaining to the division of retirement assets due to divorce.</li> </ol>
<p><b>*Exchanges</b>                  As of January 1, 2009, participants may only exchange their accounts among the approved providers in the employer’s 403(b) Plan. To verify that the provider you have selected is an approved provider, review the SchoolsFirst Plan Administration Approved Provider List available online at <a href="http://www.schoolsfirstfcu.org">www.schoolsfirstfcu.org</a>.</p>	

**Processing Time Commitment**

After this form has been received by SchoolsFirst Plan Administration in good order, it will be forwarded to your Investment Provider in 5-7 business days. Once authorized, please contact your Investment Provider to obtain information regarding the status of your request.

**Submission Instructions**

- **Email:** [rpa@schoolsfirstfcu.org](mailto:rpa@schoolsfirstfcu.org)
- **Fax:** 714.258.4262 Attn: Retirement Plan Administration
- **Mail to:**  
 SchoolsFirst Plan Administration Attention:  
 Retirement Plan Administration  
 P.O. Box 11547 Santa Ana, CA 92711
- **Drop off:** SchoolsFirst FCU branch location

Questions? Contact us at 800.462.8328 extension 4727

Our plan administrators are available to assist you Monday through Friday 7 a.m. to 7 p.m. and Saturdays, 9 a.m. to 3 p.m.

SchoolsFirst Plan Administration is not responsible for transaction requests that are submitted to an incorrect number resulting in personal or private information sent to a wrong location. Please check the fax number carefully before sending requests to SchoolsFirst Plan Administration.

**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 \_\_\_\_\_  Certified  Classified

Employee ID (Required for LA Districts Only) \_\_\_\_\_ Participant Email Address \_\_\_\_\_

**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](http://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"/>	\$ _____
<b>Total Deduction Per Paycheck</b>				<b>\$ 0</b>

**3. Financial Advisor/Agent Information (This section is optional)**

Financial Advisor/Agent Name (Optional) \_\_\_\_\_ Financial Advisor/Agent Phone Number (Optional) \_\_\_\_\_

Financial Advisor/Agent Email Address (Optional) \_\_\_\_\_  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 receipt of returned contributions due to no account establishment

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 \_\_\_\_\_





# 457(b) Summary Plan Description

<b>Plan Type</b>	Internal Revenue Code Section 457(b)—Non-ERISA Governmental Eligible Deferred Compensation Plan
<b>Plan Administrator</b>	SchoolsFirst Plan Administration, LLC.
<b>Excluded Employees</b>	None
<b>Written Plan Effective Date</b>	1/1/2009
<b>Plan Year End</b>	December 31
<b>Contribution Tax Treatment</b>	Pre-Tax
<b>Contribution Limit</b>	402(g) limit—\$22,500 per year
<b>Contribution Sources</b>	Employee and Employer
<b>Catch-Up Contribution Limit</b>	Age 50 and Special 3-Year Catch-up
<b>Automatic Enrollment</b>	Not Available
<b>Exchanges in Plan</b>	Available only to Investment Providers listed on Approved Investment Provider List
<b>Rollovers Permitted</b>	Yes
<b>Distributions</b>	Available under the following conditions: Separation of Service, Attainment of Age 70 ½, Death, Excess [Reference IRC 1.402(f)-1, A-5]
<b>Unforeseeable Emergency</b>	Available if request meets IRS definition pursuant to § 1.457-6(c)(2) of the Internal Revenue Code
<b>Loans</b>	Available*
<b>Automatic Distributions</b>	Available; Initial set-up at the individual investment providers
<b>Beneficiaries</b>	Designated with each Investment Provider and <b>not</b> by the 457(b) plan

**For more information please contact SchoolsFirst Plan Administration, LLC**



**Call** 800.462.8328, ext. 4727



**Click** [www.schoolsfirstfcu.org](http://www.schoolsfirstfcu.org)



**Email** [retirement@schoolsfirstfcu.org](mailto:retirement@schoolsfirstfcu.org)

Retirement planning advisors and services provided as a benefit to SchoolsFirst FCU Members by SchoolsFirst Plan Administration, LLC, a wholly-owned affiliate of SchoolsFirst FCU. Not NCUA/NCUSIF/FDIC insured, May lose value, No Financial Institution Guarantee. Not a deposit of any financial institution.

\*Subject to availability and any additional conditions applied by individual investment providers.

This document is designed to inform Participants, Employers and Providers about the Plan in non-technical language. Every attempt is made to convey the Plan accurately. If anything in this Summary Plan Description varies from the Plan Document, the Plan Document governs.

This form must be submitted to SchoolsFirst Plan Administration to authorize a distribution or rollover of 457(b) funds from your current employer or former employer's plan. Your Investment Provider may require its own paperwork in addition to this form, you may include that paperwork when submitting this form. All attached forms will be forwarded to the Investment Provider indicated below upon authorization. Your district's 457(b) Plan does not allow for Plan- to-Plan Transfers. If your distribution is due to divorce, please submit the QDRO Distribution/Rollover Authorization Form along with documentation.

**Note:** Please allow 5-7 business days for the authorization of your request. Missing or incomplete information will result in a delay of your request.

### 1 Participant Information

First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth
Street Address	City	State	Zip Code
School District Listed as Employer on this Account (REQUIRED)		Participant Email Address	
Financial Advisor/Agent Name		Financial Advisor/Agent Phone Number	

### 2 Qualifying Distributable Event(s)

The following is a list of IRS approved distributable events; if none of the events listed below apply to you, you may not be eligible for a distribution or rollover. Contact your investment provider, financial advisor, or Plan Administrator for additional information regarding access to your retirement account.

**Select the Applicable Event:**

- Age Based Eligibility - 59 ½ or Required Minimum Distribution Age 72 or Older (70 ½ if you reached 70 ½ before January 1, 2020)

*Please provide a copy of Valid ID*

- Separation of Service/Retirement (No longer working for this School District)
- Death of Participant (Death Certificate Required, Beneficiary will be verified)
- Disability (Must be long term and/or permanent & result in inability to work)

**Note:** Documentation from a medical professional is required to authorize a disability request.

- Correction of Excess Contribution or Deferral

Amount: \$ \_\_\_\_\_

**Date of Event**

_____	We will Confirm
_____	Provide Documentation
_____	Provide Documentation
_____	Provide Tax Year

### 3 Investment Provider Information

Enter information for the investment provider currently holding the assets you wish to distribute or rollover.

Investment Provider	Account Number	Phone Number
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### 4 Forwarding Instructions

Provide a valid fax number for the Investment Provider listed above or indicate a contact you would like the authorized form faxed to. If no fax number is provided your form will be sent to the default number on record. These forms contain non-public personal information and will not be emailed.

Fax Number	Attention (if applicable)
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### 5 Participant/Beneficiary Approval

I authorize the release of non-public personal information pertaining to the above accounts to SchoolsFirst Plan Administration representatives as necessary to administer the Plan and certify that the information I have provided on this form is accurate. I understand that taxes may apply to any distribution I receive that is not rolled over. I am aware that I may be assessed a 10% early withdrawal penalty by the IRS if I am under the age of 59½.

Participant /Beneficiary Signature (REQUIRED)	Date
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### 6 For SchoolsFirst Plan Administration Use Only

SchoolsFirst Plan Administration represents this participant (or beneficiary) is eligible to distribute or rollover amounts in accordance with the employer's plan and the Information Sharing Agreement entered into by your company and SchoolsFirst Plan Administration, provided that SchoolsFirst Plan Administration has signed below. SchoolsFirst Plan Administration, LLC reserves the right to not sign vendor paperwork according to the ISA.

Authorized SchoolsFirst Plan Administrator 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 \_\_\_\_\_  Certified  Classified

Employee ID (Required for LA Districts Only) \_\_\_\_\_ Participant Email Address \_\_\_\_\_

**2. Action**

**This agreement supersedes all prior 457(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](http://pa.schoolsfirstfcu.org).

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

SchoolsFirst FCU 457(b) DCP Share Certificate: Membership number \_\_\_\_\_ Term \_\_\_\_\_

	Investment Provider Name	Pre-Tax 457(b)	Roth 457(b)	Amount
<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 (This section is optional)**

Financial Advisor/Agent Name (Optional) \_\_\_\_\_ Financial Advisor/Agent Phone Number (Optional) \_\_\_\_\_

Financial Advisor/Agent Email Address (Optional) \_\_\_\_\_  OK to contact my advisor on my behalf

**4. Acknowledgement of Existing 457(b) Account**

In order for salary reduction amounts to be applied to a 457(b)/Roth 457(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 457(b) and/or Roth 457(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:**

- This Salary Reduction Agreement (Agreement) is an agreement between me and my employer that I have entered into voluntarily.
- This Agreement supersedes and replaces all prior Salary Reduction Agreements.
- The Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect.
- The Agreement may be terminated or modified at any time for amounts not yet paid or available.
- Nothing herein shall affect the terms of my employment with the Employer.
- This Agreement shall automatically terminate if my employment is terminated.
- 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 receipt of returned contributions due to no account establishment

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 \_\_\_\_\_