



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



pa.schoolsfirstfcu.org



800.462.8328, ext. 4727

FAX COMPLETED FORMS TO: 714.258.4262

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 / FBC 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

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 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	Roth	
<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 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

Approved Provider List*

403(b) Provider Names

Below is a list of approved providers for the districts/schools that Schools First Plan Administration serves as third party administrator. All providers are registered with CalSTRS 403(b) Compare and have entered an information sharing agreement with SchoolsFirst Plan Administration. More information regarding each provider is available by visiting www.403bcompare.com. The list of providers is subject to change.

American Century Investment	Matrix Trust Co. (formerly PenServ/First Investors/Foresters Financial)
American Fidelity Assurance Company	Metropolitan Life Insurance Co.
American Funds Distributors, Inc. (AFD) (District Specific)	Midland National
American United Life (One America) (Existing policies only)	Modern Woodman of America
Americo Financial Life and Annuity Insurance Company/Great Southern Life Insurance Company	National Life Group (Life Insurance Company of the Southwest)
Ameriprise	New York Life Insurance & Annuity Corp.
Aspire	North American Company for Life and Health
BrightHouse (formerly part of Metropolitan Insurance Co.)	Orion Portfolio Solutions (formerly FTJ FundChoice, LCC)
CalSTRS Pension 2	Pacific Life Insurance Company
Corebridge Financial (formerly AIG Retirement Services/Valic)	PFS Investments Inc.
CTA Voluntary Retirement Plans for Educators, LLC	PlanMember Securities Corp./PlanMember Services Corp.
Equitable Life Insurance Company	Putnam Investments
Fidelity Investments (District Specific)	SchoolsFirst FCU (Retirement Builder Plan through Nationwide Financial)
Franklin Templeton Investments	Security Benefit Group
Global Atlantic Financial Group	Thrivent Financial
Great American Insurance Group (Annuity Investors Life Insurance Co.) (No New Accounts)	Transamerica Life Insurance Company (existing Transmark policies only)
GWN Securities, Inc.	USAA Life Insurance Company
Horace Mann Investors, Inc.	Vanguard Group
Horace Mann Life Insurance Company	Victory Capital Management (formerly USAA Investment Management Co.)
Industrial-Alliance Pacific Life Ins Co, US Branch	Voya Reliastar Life Insurance Company
Invesco Formerly Oppenheimer Funds	Voya Retirement Insurance and Annuity Company
Lincoln Financial Group (Lincoln National Life)	
Lincoln Investment, LLC	
MassMutual (Existing policies only)	

457(b) Provider Names

SchoolsFirst FCU (Retirement Builder Plan through Nationwide Financial)	SchoolsFirst FCU Fixed 457(b) Share Certificate
Fidelity Investments (District Specific)	CalSTRS Pension 2 (District Specific)
	Security Benefit (District Specific)

For more information, please contact SchoolsFirst Plan Administration

 Call 800.462.8328, ext. 4727

 Click www.schoolsfirstfcu.org

 Email retirement@schoolsfirstfcu.org

* This list is subject to change.

** Not available in all districts. Please confirm availability with SchoolsFirst Plan Administration

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.