

# FBC Salary Reduction Agreement

457(b), 403(b) and Roth 403(b)



**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, submit the original form to your district payroll office. Please also fax or mail a copy of this form to the FBC Offices. FBC Fax: (800) 597-8206

Fringe Benefits Consortium  
Attn: Annette Martinez  
6401 Linda Vista Road Room 506  
San Diego, CA 92111

<b>Employee Information</b>	Participant Name	Social Security Number		
	School District (Employer)	Home Phone Number		
	Participant Mailing Address <small>(Street)</small>	E-mail Address		
	<small>(City, ST ZIP)</small>	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**

I want to **STOP CONTRIBUTIONS** to my current provider      Effective Date: \_\_\_\_\_

I want to **BEGIN CONTRIBUTIONS** or **RESUME CONTRIBUTIONS**      Effective Date: \_\_\_\_\_

I want to **CHANGE FUTURE CONTRIBUTION AMOUNTS** and/or **PROVIDER**      Effective Date: \_\_\_\_\_

**457(b)**  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 # 27000]

**403(b)**  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:

Vendor Name	Code #	VIN #	Dollar Amount
Fringe Benefits Consortium Nationwide 403(b)	25000	1144	\$
Other:			\$
Other:			\$
Other:			\$
<b>TOTAL</b>			\$

**Roth 403(b)**  I hereby agree to reduce my eligible salary or wages on an after tax basis each pay period by \$ \_\_\_\_\_ and direct my Employer to contribute this amount on my behalf to the investment options I have selected under the Fringe Benefits Consortium Nationwide Roth 403(b) account. [Vendor Code # 80100]

**Employee Approval**

I understand and agree to the following:

- 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.

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.

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).

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.

I understand that the provisions of the attached 457(b), 403(b), and Roth 403(b) Estimated Maximum Contribution Worksheet, Employer policy statement, and other enrollment information are legally binding and are incorporated herein by reference.

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.

Employee Signature <b>X</b>	Date
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Employer Approval	Approved By District	Keyed by	Paycheck Date
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# 2008 Maximum Contribution Worksheet - Part 1

457(b), 403(b), and Roth 403(b) Estimated Maximum Contribution Worksheet



<b>Instructions</b>	The 2008 Maximum Contribution Worksheet - Part 1 & 2 are to be used to determine the maximum dollar amount that you may contribute to 457(b), 403(b) and Roth 403(b) Retirement Programs in 2008. Upon completion, submit the original form to your district payroll office. Please also fax or mail a copy of this form to the FBC Offices. FBC Fax: (800) 597-8206	Fringe Benefits Consortium Attn: Annette Martinez 6401 Linda Vista Road Room 506 San Diego, CA 92111
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<b>Employee Information</b>	Social Security Number
School District (Employer)	Home Phone Number
Participant Mailing Address	Work Phone Number
(Street)	E-mail Address
(City, ST ZIP)	

<b>457(b) Calculation</b>	<p>1. Annual base deferral limit: <span style="float:right">1. <input type="text" value="\$15,500.00"/></span></p> <p>2. Age 50 Catch-up Contribution:</p> <p style="margin-left: 20px;">a. Will you reach age 50 by 12/31/2008? <span style="float:right">2a. YES / NO</span></p> <p style="margin-left: 20px;">b. If 2a is YES, enter \$5,000 in line 2b. If 2a is NO, enter \$0 in line 2b. <span style="float:right">2b. <input type="text"/></span></p> <p>3. Final Three Year Catch-up Contribution <span style="float:right">3. <input type="text"/></span>          Enter your answer from question 12 of Part 2 of this form (second page).          If you are not eligible for the Final Three Year Catch-up, enter \$0.</p> <p>4. Add lines 1 and the greater of lines 2b or 3. This is your Maximum 457(b) Contribution Amount for 2008. <span style="float:right">4. <input type="text"/></span>          This number cannot exceed \$31,000.</p> <p>5. Enter the total of any contributions already made to 457(b) plans during 2008. <span style="float:right">5. <input type="text"/></span></p> <p>6. Subtract line 5 from line 4. This is the total remaining amount you may contribute to 457(b) plans during 2008. <span style="float:right">6. <input type="text"/></span></p>
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<b>403(b) and Roth 403(b) Calculation</b>	<p>1. Annual base deferral limit: <span style="float:right">1. <input type="text" value="\$15,500.00"/></span></p> <p>2. Special 15-Year Catch-up Contribution</p> <p style="margin-left: 20px;">a. Have you completed 15 or more full years of service with you current school district? <span style="float:right">2a. YES / NO</span>          If NO, enter \$0 in line 2e and proceed to question 3. If YES, continue to the next question.</p> <p style="margin-left: 20px;">b. Have your previous combined 403(b) and Roth 403(b) contributions averaged less than \$5,000 per year? <span style="float:right">2b. YES / NO</span>          If NO, enter \$0 in line 2e and proceed to question 3. If YES, continue to the next question.</p> <p style="margin-left: 20px;">c. Have you made any Special 15-Year Catch-up contributions previously? <span style="float:right">2c. YES / NO</span>          If NO, skip to question 2e. If YES, continue to next question.</p> <p style="margin-left: 20px;">d. Enter the total amount of any previously utilized Special 15-Year Catch-up contributions in line 2d. <span style="float:right">2d. <input type="text"/></span></p> <p style="margin-left: 20px;">e. Subtract line 2d from \$15,000. <span style="float:right">2e. <input type="text"/></span>          If the result is greater than \$3,000 then enter \$3,000 in line 2e.          If the result is less than \$3,000 then enter the result in line 2e.</p> <p>3. Age 50 Catch-up Contribution</p> <p style="margin-left: 20px;">a. Will you reach Age 50 by 12/31/2008? <span style="float:right">3a. YES / NO</span></p> <p style="margin-left: 20px;">b. If 3a is YES, enter \$5,000 in line 3b. If 3a is NO, enter \$0 in line 3b. <span style="float:right">3b. <input type="text"/></span></p> <p>4. Add lines 1, 2e, and 3b. This is your Maximum 403(b) and Roth 403(b) Contribution Amount for 2008. <span style="float:right">4. <input type="text"/></span>          This number cannot exceed \$23,500.</p> <p>5. Enter the total of any contributions already made to 403(b) plans during 2008. <span style="float:right">5. <input type="text"/></span></p> <p>6. Subtract line 5 from line 4. This is the total remaining amount you may contribute to 403(b) plans during 2008. <span style="float:right">6. <input type="text"/></span></p>
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<b>Employee Signature</b>	<p><b>IMPORTANT:</b> You may rely on the accuracy of this Worksheet if the information you provide is correct and complete. Neither the Fringe Benefits Consortium (FBC), your School District, nor National Benefit Services, LLC possess data for purposes of calculating the 403(b) Special 15-Year Catch-up Contribution. By signing this Worksheet, you certify that all the information provided is accurate and you agree to indemnify and hold harmless the FBC, your School District, and National Benefit Services, LLC from any and all damages which may result from providing inaccurate or incomplete information. You understand and agree that your total annual contributions to the combined 403(b) and Roth 403(b) Plans may not exceed the lesser of \$46,000 or 100% of compensation.</p> <p><b>Your Salary Reduction Agreement must include a copy of this form</b></p>	Date
	Employee Signature	
	<b>X</b>	