

Email completed forms to: rpa@schoolsfirstfcu.org or fax to: (714) 258-4262

1. Participant Infor	mation				
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First Name	Last Name	Social Security Number (REQUIRED)	Date of Birth	Date of Hire	
itreet Address	City	State	Zip Code	Phone Number	
			☐ Certificate	d Classified	
School District (REQUIRED)		County			
mployee ID (Required for LA Distr	ricts Only)	Participant Email Address			
2. Action					
	: 30 days, but not more than		he instructions identified below v date. For your convenience, you	•	
WANT TO: BEGIN	Contribution(s)	E Future Contribution(s)	CANCEL All Contributions		
Effective date: \(\square\) Next A	vailable Pay Date	re Pay Date			
Trective date. Next A	valiable ray bate	е гау раке			
nvestment Provider:				Dollar Amoun	
☐ SchoolsFirst FCU 45	7(b) DCP Share Certificate: I	Membership Number	T (40, 27, 70)	¢	
☐ Nationwide Retirem	ent Builder Plan (RBP) 457(b)	Term (12, 36, 60)	\$		
_			\$		
☐ Other District Speci	TIC 457(b)			\$	
		Tota	I Deduction Per Paycheck	\$	
3. Financial Advisor	/Agent Information				
nancial Advisor/Agent Name			Financial Advisor/Age	ent Phone Number	
J			<u>_</u>	☐ OK to contact my agent on my behalf	
nancial Advisor/Agent Email Addr	ress				
. Signatures					
2. This Agreement supersed 3. The Agreement is legally I 4. The Agreement may be to 5. Nothing herein shall affect 6. This Agreement shall auto 7. In accordance with IRC So	eement (Agreement) is an agrees and replaces all prior 457(b) binding and irrevocable with resembled at any tire the terms of my employment omatically terminate if my employment.	Salary Reduction Agreements. spect to amounts paid or available me for amounts not yet paid or a with the Employer. syment is terminated. ction agreement must be signed,	oloyer that I have entered into volute while this agreement is in effect vailable. dated and received by SchoolsFirs		
pelieves additional contribution have read and understand	ions will cause me to exceed lir the information contained in th	mits under Code Section 457(b)(3	ny of the following: (1) if SchoolsFin B), (2) if I take a hardship distribution t by making this application the rel th the Internal Revenue Code.	ion, if available.	
Participant Signature (REQUIRED)				Date	