

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 <u>pa.schoolsfirstfcu.org</u>, online SRAs are transmitted to your school district the following business day.





Your District Retirement Plan Online

Access to your retirement plan has just become faster and more convenient.

• 24/7 access

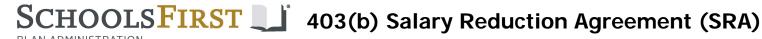
pa.schoolsfirstfcu.org

- 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:

Pian vue Pian 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

800.462.8328, ext. 4727



Email completed forms to rpa@schoolsfirstfcu.org or Fax completed forms (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		☐ Certific	ated Class	ssified		
Employee ID (Required for LA Districts Only) 2. Action		Participant Email Address						
This agreement supersedes all prior 403(b completed. SRAs must be submitted at least 30 your deferral change online at pa.schoolsfirstfcu	days, but not m							
Effective date: Next Available Pay Date	e 🔲 Future P	ay Date						
Requested Action	Inve	estment Provider Name	Type of I Pre-Tax 403(b)	<u>Deferral</u> Roth 403(b)	Amou	<u>nt</u>		
☐ Begin ☐ Resume ☐ Change ☐ Cancel					\$			
☐ Begin ☐ Resume ☐ Change ☐ Cancel					\$			
☐ Begin ☐ Resume ☐ Change ☐ Cancel					\$			
	-	Total	□ Deduction P	er Paycheck	\$			
3. Financial Advisor/Agent Inform	nation (This so		20440110111	or rayonook				
5. Tillaholal Advisor/Agent Illion	idtioii (iiiis sc	ection is optional)						
Financial Advisor/Agent Name (Optional)		 -	Financial Advisor/Agent Phone Number (Optional)					
				OK to contact	my advisor on my	y behalf		
Financial Advisor/Agent Email Address (Optional)	400(1) 4							
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: This Salary Reduction Agreement (Agreement) is This Agreement supersedes and replaces all prio The Agreement is legally binding and irrevocable The Agreement may be terminated or modified as Nothing herein shall affect the terms of my empl This Agreement shall automatically terminate if reflections. LLC charges at investment provider. Your investment provider metally questions about how the fee is handled. I authorize the automatic cancellation of this Salary additional contributions will cause me to exceed limits.	r Salary Reduction with respect to an at any time for amo oyment with the E ny employment is hird-party adminis- nay charge the fee Reduction Agreem	Agreements. nounts paid or available while this bunts not yet paid or available. mployer. terminated. tration fee of \$2 for each month is against your account directly or intent in the event of any of the followed.	s agreement is in n which you mak ndirectly. Contact lowing: (1) if Sch	effect. e a contribution. t your investment	provider if you h	ves		
I have read and understand the information contain information to third parties may occur as necessary					confidential			
Participant Signature (REQUIRED)					Date			