

# FBC Salary Reduction Agreement

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



Fringe Benefits Consortium

<b>Instructions</b>	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 your selected investment company(s). Upon completion, <b>PLEASE SUBMIT THE ORIGINAL TO YOUR PAYROLL OFFICE.</b> Please also fax a copy of this form to (800) 597-8206.																										
<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"/>																								
<b>Purpose</b>	<input type="checkbox"/> I want to <b>STOP CONTRIBUTIONS</b> to my current provider      Effective Date: _____ <input type="checkbox"/> I want to <b>BEGIN CONTRIBUTIONS</b> or <b>RESUME CONTRIBUTIONS</b> Effective Date: _____ <input type="checkbox"/> I want to <b>CHANGE FUTURE CONTRIBUTION AMOUNTS</b> and/or <b>PROVIDER</b> Effective Date: _____																										
<b>457(b)</b>	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages on <i>each pay period</i> 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. <b>[Vendor Code # 27000]</b>																										
<b>403(b)</b>	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages <i>each pay period</i> 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: <table border="1" style="width:100%; margin-top: 10px;"> <thead> <tr> <th style="width:50%;">Vendor Name</th> <th style="width:10%;">Code #</th> <th style="width:10%;">VIN #</th> <th style="width:30%;">Dollar Amount</th> </tr> </thead> <tbody> <tr> <td><i>Fringe Benefits Consortium Nationwide 403(b)</i></td> <td><i>25000</i></td> <td><i>1144</i></td> <td>\$</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>			Vendor Name	Code #	VIN #	Dollar Amount	<i>Fringe Benefits Consortium Nationwide 403(b)</i>	<i>25000</i>	<i>1144</i>	\$	Other:			\$	Other:			\$	Other:			\$	<b>TOTAL</b>			\$
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<b>TOTAL</b>			\$																								
<b>Roth 403(b)</b>	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages on an after tax basis <i>each pay period</i> 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. <b>[Vendor Code # 80100]</b>																										
<b>Employee Approval</b>	<p>I understand and agree to the following:</p> <ol style="list-style-type: none"> <li>this Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect;</li> <li>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,</li> <li>this Salary Reduction Agreement may be changed with respect to amounts not yet paid or available.</li> </ol> <p>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.</p> <p>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).</p> <p>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.</p> <p>I understand that the provisions of the <i>457(b), 403(b), and Roth 403(b) Estimated Maximum Contribution Worksheet</i>, Employer policy statement, and other enrollment information are legally binding and are incorporated herein by reference.</p> <p>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.</p> <p>I understand that as compensation for general plan administration and compliance services, National Benefit Services, LLC receives \$2.00 per month for each employee making a salary deferral to the plan. This fee is invoiced to the employee's investment provider(s).</p> <table border="1" style="width:100%; margin-top: 10px;"> <tr> <td style="width:70%;">Employee Signature <b>X</b></td> <td>Date</td> </tr> </table>			Employee Signature <b>X</b>	Date																						
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<b>Employer Approval</b>	Approved By District	Keyed by	Paycheck Date																								

Upon completion, submit the original form to your district payroll office and fax a copy to (800) 597-8206.

# 2014 Maximum Allowable Contribution Worksheet – Part 1

## 457(b) and 403(b) Estimated Maximum Contribution Worksheet



### 1 Instructions

The 2014 Maximum Allowable Contribution Worksheet is to be used to determine the maximum dollar amount that you may contribute to the 457(b) and 403(b) and/or Roth 403(b) Programs in 2014. Upon completing, please submit the original form to your district payroll office. Please also fax a copy of this form to (800) 597-8206. Please note that this form is not valid unless all applicable sections are completed and you have signed the form.

If you have questions regarding this form, please call 1-800-274-0503 ext 5. Completed forms should be faxed to 1-800-597-8206 or emailed to [FBCsupport@nbsbenefits.com](mailto:FBCsupport@nbsbenefits.com)

### 2 Personal Information

Employee Name		Company Name	
Mailing Address City, State, Zip Code		Phone Number	
Date of Birth	Date of Hire	Email Address	Social Security Number

### 3 457(b) Calculation

1. 2014 base deferral limit	1.	\$17,500.00
2. Age 50 Catch-up Contribution	2a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Will you reach Age 50 by 12/13/2014?	2b.	_____
b. If 2a is YES, enter 5,500 in line 2b. If 2a is NO, enter \$0 in line 2b.	3.	_____
3. Final Three Year Catch-up Contribution	4.	<input type="text"/>
Enter your answer from question 12 on Part 2 of this form (page 2). If you are not eligible for the Final Three Year Catch-up, enter \$0.	5.	_____
4. Add lines 1 and the greater of lines 2b or 3. This is your Maximum 457(b) Contribution Amount for 2014.	6.	_____
5. Enter the total of any contributions already made to 457(b) plans during 2014		
6. Subtract line 5 from line 4. This is the total remaining amount you may contribute to 457(b) plans during 2014.		

### 4 403(b) and Roth Calculation

1. 2014 base deferral limit	1.	\$17,500.00
2. Special 15-Year Catch-up Contribution (if permitted by your employer)	2a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Have you completed 15 or more full years of service with your current employer?	2b.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, enter \$0 in line 2e and proceed to question 3. If YES, continue to the next question.	2c.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have your previous combined 403(b) and Roth 403(b) contributions averaged less than \$5,000 per year during your lifetime? If NO, enter \$0 in line 2e and proceed to question 3. If YES, continue to the next question.	2d.	_____
c. Have you made any Special 15-Year Catch-up contributions previously?	2e.	_____
If NO, skip to question 2e. If YES, continue to next question.		
d. Enter total amount of any previously utilized Special 15-Year Catch-up contributions in line 2d		
e. Subtract line 2d from \$15,000.		
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.		
3. Age 50 Catch-up Contribution	3a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Will you reach Age 50 by 12/13/2014?	3b.	_____
b. If 3a is YES, enter 5,500 in line 3b. If 3a is NO, enter \$0 in line 3b.	4.	<input type="text"/>
4. Add lines 1, 2e, and 3b. This is your Maximum 403(b) & Roth 403(b) Contribution Amount for 2014. This number cannot exceed \$26,000.	5.	_____
5. Enter the total of any contributions already made to 403(b) plans during 2014	6.	_____
6. Subtract line 5 from line 4. This is the total remaining amount you may contribute to 403(b) plans during 2014.		

### 4 Employee Approval

IMPORTANT: You may rely on the accuracy of this Worksheet if the information you provide is correct and complete. Neither your Employer, 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 your Employer, 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) Plan may not exceed the lesser of \$52,000 or 100% of compensation. **Your Salary Reduction Agreement must include a copy of this form.**

Employee Signature	Date
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# 2014 Maximum Allowable Contribution Worksheet – Part 2

## 457(b) Final Three Year Catch-up Calculation



Fringe Benefits Consortium

### 1 Instructions

The 2014 Maximum Allowable Contribution Worksheet is to be used to determine if you are eligible for the 457(b) Final Three Year Catch-up contribution. This catch up option is only available to you if you are in your final 3 years of employment prior to attaining your Normal Retirement Age. Upon completion, please submit the original form to your district payroll office. Please also fax a copy of this form to (800) 597-8206. Please note that this form is not valid unless all applicable sections are completed and you have signed the form.

If you have questions regarding this form, please call 1-800-274-0503 ext 5. Completed forms should be faxed to 1-800-597-8206 or emailed to [FBsupport@nbsbenefits.com](mailto:FBsupport@nbsbenefits.com)

### 2 Determine Year of Normal Retirement Age

1. Are you eligible or will you become eligible for retirement benefits under PERS, STRS, or another retirement system before or during 2016? If YES, go to question 2. If NO, you are not eligible for the final Three Year Catch-up and you are finished with Part 2 of the Maximum Contribution Worksheet. 1.  Yes  No
2. In what calendar year did you become or will you become eligible for retirement benefits under PERS, STRS, or another retirement system? 2. \_\_\_\_\_
3. In what calendar year will you terminate employment with your San Diego County School District? 3. \_\_\_\_\_
4. You may designate any year between answer #2 and answer #3 as the year in which you will reach your Normal Retirement Age. What year do you designate as the year in which you will reach Normal Retirement Age? Please note: your designation will only be used for purposes of calculating your 457(b) Final Three Year Catch-up. It will not determine the year in which you may actually retire. However, once you have utilized the Final Three Year Catch-up limitation under Section 4.2 of the Plan Document or under a comparable provision of another eligible deferred compensation plan, your Normal Retirement Age may not thereafter be changed for the purpose of funding your Final Three Year Catch-up contribution. 4. \_\_\_\_\_
5. What are the three years prior to the year you designated on line 4? Enter the years on lines 5a, 5b, and 5c. These are the years in which you may utilize the 457(b) Final Three Year Catch-up contribution. If boxes 5a, 5b, or 5c do not include the current year, you cannot utilize the catch-up in the current year and must enter \$0 in line 3 of Part 1 of this worksheet (first page). 5a. \_\_\_\_\_  
5b. \_\_\_\_\_  
5c. \_\_\_\_\_

### 3 Determine Total Available Catch-up

6. Complete the table for each year you were eligible to participate in a 457(b) plan. First, enter your gross compensation. Then multiply by the figure shown to determine your Maximum Deferral. Enter the lesser of your Maximum Deferral and the Contribution Limit. Enter your Actual 457(b) Deferral (including employer paid portions). Finally, subtract your Actual 457(b) Deferral from the Lesser of Maximum Deferral and Contribution Limit and enter in line 6 (if the result is less than 0 enter 0). This is your Unused Amount. \*Note that for years 2001 and prior, the Actual 457(b) Deferral Amount also includes deferrals to 403(b) and 401(k) plans.

Year	Gross Compensation	Maximum Deferral	Contribution Limit	Lesser of Max. Deferral and Contribution Limit	Actual 457(b) Deferral Including Employer Paid	
2001*	_____ X .33 = _____	_____	\$8,000.00	_____	_____	= 6a. _____
2002	_____ X 1 = _____	_____	\$11,000.00	_____	_____	= 6b. _____
2003	_____ X 1 = _____	_____	\$12,000.00	_____	_____	= 6c. _____
2004	_____ X 1 = _____	_____	\$13,000.00	_____	_____	= 6d. _____
2005	_____ X 1 = _____	_____	\$14,000.00	_____	_____	= 6e. _____
2006	_____ X 1 = _____	_____	\$15,000.00	_____	_____	= 6f. _____
2007	_____ X 1 = _____	_____	\$15,500.00	_____	_____	= 6g. _____
2008	_____ X 1 = _____	_____	\$15,500.00	_____	_____	= 6h. _____
2009	_____ X 1 = _____	_____	\$16,500.00	_____	_____	= 6i. _____
2010	_____ X 1 = _____	_____	\$16,500.00	_____	_____	= 6j. _____
2011	_____ X 1 = _____	_____	\$16,500.00	_____	_____	= 6k. _____
2012	_____ X 1 = _____	_____	\$17,000.00	_____	_____	= 6l. _____
2013	_____ X 1 = _____	_____	\$17,500.00	_____	_____	= 6m. _____

7. Sum lines 6a through 6m and enter the result in line 7. 7. \_\_\_\_\_
8. If you were employed by a community college and eligible to participate in a 457(b) plan prior to 2001, follow the same format as question 6 above for years prior to 2001 on a separate paper and enter the total catch-up amount not used during pre-2001 years in box 8. Otherwise enter \$0 in box 8. 8. \_\_\_\_\_
9. Sum lines 7 and 8. This is your total available 457(b) Final Three Year Catch-up. 9. \_\_\_\_\_

### 4 Determine Amount Of Catch-up Previously Used

10. Enter the amount of Previously Utilized 457(b) Final Three Year Catch-up contributions if any. Determine the lesser of your Previously Utilized Catch-up and the Maximum Catch-up. Sum the amounts and enter in box 10. You are only eligible to utilize Final Three Year Catch-up for three consecutive years. Therefore, if you are eligible to utilize the catch-up this year you should not have utilized any prior to 2009. 10. \_\_\_\_\_

	Previously Utilized Catch-up	Maximum Catch-Up	Lesser of Previously Utilized Catch-up and Maximum Catch-up
2012	_____	\$17,000.00	_____
2013	_____	\$17,500.00	_____
		Total	_____

### 5 Determine Available Catch-up For 2014

11. Subtract line 10 from line 9. 11. \_\_\_\_\_
12. Enter the lesser of \$17,500 or the amount in line 11. This is your available 457(b) Final Three Year Catch-up for 2014. Also enter this amount in line 3 of the 457(b) section of Part 1 (first page) of this form. 12. \_\_\_\_\_