



**Corona-Norco Unified School District
County Schools FBC Deferred Compensation Program
Complete Enrollment Packet**

Form:	Purpose:
FBC Nationwide Enrollment Form	To enroll in the program
FBC Salary Reduction Agreement	To establish your monthly contribution amount
FBC 2011 Maximum Contribution Worksheet	To determine your 2011 maximum eligible contribution amount
FBC Transfer In/Rollover In Request Form	To transfer or rollover your previous retirement accounts into the program

If you need any assistance completing any of the Enrollment Packet Forms, please contact your district's Retirement Specialist. The contact information for your district's Retirement Specialist is available on the FBC website, www.fbcretire.com, by clicking on "Retirement Specialists".



Fringe Benefits Consortium

Fringe Benefits Consortium (FBC)

6401 Linda Vista Road Room 506, San Diego, CA 92111

Fax: (800) 597-8206 / Phone: (800) 560-5060 ext. 3816

www.fbcretire.com

FBC Nationwide Enrollment Form

Case #196-80051



Instructions	The FBC Enrollment Form is to be used to create an individual participant account under the FBC Nationwide Trust Account which has been established to receive 403(b), 457(b), and 401(a) contributions for the FBC Retirement Programs. This is an initial election form only. Subsequent election changes must be made via the internet at www.fbcretire.com or by phone at 1-800-772-2182. Upon completion of this form please fax a copy to 1-800-597-8206. Keep the original for your records.																																																																																																						
Employee Information	Participant Name	Social Security Number																																																																																																					
	School District (Employer)	Phone Number																																																																																																					
	Participant Mailing Address (Street)	Email Address																																																																																																					
	(City, ST ZIP)	Date of Birth	Date of Hire																																																																																																				
Investment Elections	Make allocations in whole percent increments. Percentages must total 100%. These allocations will be used for all deposits for the 401(a), 403(b) and/or 457(b) Plans. All investments carry a 0.25% annual administration fee. Vanguard and American Funds investments (marked *) carry an additional 0.35% annual administration fee.																																																																																																						
		<p>Do It For Me Initial this box if you would like Meeder Advisory Services to monitor and manage your account for you in accordance with your risk tolerance and investment goals. Contributions and assets will be placed into the Money Market Fund until Meeder begins managing your account. An additional 0.65% annual management fee applies to this plan option. A separate application must be completed and submitted for Meeder to manage your account. Download the Meeder MAP+ Program Application at www.fbcretire.com/forms.</p>																																																																																																					
		<p>Do It For Me - Nationwide ProAccount® Initial this box if you would like Nationwide ProAccount® to monitor and manage your account for you in accordance with your personal profile, age, and risk tolerance. Contributions and assets will be placed into the Money Market Fund until ProAccount® begins managing your account. An additional 0.70% annual management fee applies to this plan option. A separate application must be completed and submitted for ProAccount® to manage your account. Download the Nationwide ProAccount® Application at www.fbcretire.com/forms or contact your Nationwide Retirement Specialist.</p>																																																																																																					
		<p>Help Me Do It Select the Nationwide Investor Destination Fund that best fits your time horizon and investor profile. It is recommended that you allocate 100% to the fund that best fits your profile.</p> <table border="0"> <tr> <td colspan="2">Nationwide Investor Destination Funds</td> <td colspan="2">Fidelity Freedom Funds (Target Date)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>% Aggressive (970)(NDASX)</td> <td><input type="checkbox"/></td> <td>% Fidelity Advisor Freedom 2020 A (1304)(FDAFX)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>% Moderate Aggressive (971)(NDMSX)</td> <td><input type="checkbox"/></td> <td>% Fidelity Advisor Freedom 2025 A (1293)(FATWX)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>% Moderate (972)(NSDMX)</td> <td><input type="checkbox"/></td> <td>% Fidelity Advisor Freedom 2030 A (1305)(FAFEX)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>% Moderate Conservative (973)(NSDCX)</td> <td><input type="checkbox"/></td> <td>% Fidelity Advisor Freedom 2035 A (1294)(FATHX)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>% Conservative (974)(NDCSX)</td> <td><input type="checkbox"/></td> <td>% Fidelity Advisor Freedom 2040 A (1306)(FAFFX)</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td>% Fidelity Advisor Freedom 2045 A (1893)(FFF7X)</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td>% Fidelity Advisor Freedom 2050 A (1894)(FFLX)</td> </tr> </table>		Nationwide Investor Destination Funds		Fidelity Freedom Funds (Target Date)		<input type="checkbox"/>	% Aggressive (970)(NDASX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2020 A (1304)(FDAFX)	<input type="checkbox"/>	% Moderate Aggressive (971)(NDMSX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2025 A (1293)(FATWX)	<input type="checkbox"/>	% Moderate (972)(NSDMX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2030 A (1305)(FAFEX)	<input type="checkbox"/>	% Moderate Conservative (973)(NSDCX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2035 A (1294)(FATHX)	<input type="checkbox"/>	% Conservative (974)(NDCSX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2040 A (1306)(FAFFX)			<input type="checkbox"/>	% Fidelity Advisor Freedom 2045 A (1893)(FFF7X)			<input type="checkbox"/>	% Fidelity Advisor Freedom 2050 A (1894)(FFLX)																																																																				
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Beneficiary Designation	Primary Beneficiary*	Social Security Number	Relationship	*If you are married you must name your spouse as your primary beneficiary unless your spouse signs a waiver.																																																																																																			
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Employee Signature	I understand that the above investment elections may involve financial risk. "Market Timing" is not permitted in this retirement program. There is no guarantee as to the timeliness of investment transactions including investment change requests. Fees may be assessed to Plan Assets for Administrative Expenses.																																																																																																						
	Employee Signature X	Date																																																																																																					

Upon completion, fax a copy to 1-800-597-8206.

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 your selected investment company(s). Upon completion, PLEASE SUBMIT THE ORIGINAL TO YOUR PAYROLL OFFICE. Please also fax a copy of this form to (800) 597-8206.																										
Employee Information	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	<input type="checkbox"/> I want to STOP CONTRIBUTIONS to my current provider Effective Date: _____ <input type="checkbox"/> I want to BEGIN CONTRIBUTIONS or RESUME CONTRIBUTIONS Effective Date: _____ <input type="checkbox"/> I want to CHANGE FUTURE CONTRIBUTION AMOUNTS and/or PROVIDER Effective Date: _____																										
457(b)	<input type="checkbox"/> 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 # 9005]																										
403(b)	<input type="checkbox"/> 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:																										
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:50%;">Vendor Name</th> <th style="width:10%;">Code #</th> <th style="width:15%;">VIN #</th> <th style="width:25%;">Dollar Amount</th> </tr> </thead> <tbody> <tr> <td><i>Fringe Benefits Consortium Nationwide 403(b)</i></td> <td><i>0532</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>TOTAL</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>0532</i>	<i>1144</i>	\$	Other:			\$	Other:			\$	Other:			\$	TOTAL			\$
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Roth 403(b)	<input type="checkbox"/> 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.																										
Employee Approval	<p>I understand and agree to the following:</p> <ol style="list-style-type: none"> 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. <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 attached <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 paid by the employee's investment provider(s).</p>																										
Employee Signature X		Date																									
Employer Approval	Approved By District	Keyed by	Paycheck Date																								

2011 Maximum Contribution Worksheet - Part 1

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



Instructions	The 2011 Maximum Contribution Worksheet - Part 1 is to be used to determine the maximum dollar amount that you may contribute to the 457(b), 403(b) and/or Roth 403(b) Programs in 2011. Upon completion, please submit the original form to your district payroll office. Please also fax a copy of this form to (800) 597-8206.																																																									
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If YES, continue to the next question.</td> <td data-bbox="1252 1003 1268 1029">2a.</td> <td data-bbox="1300 1003 1446 1029"><input type="text" value="YES / NO"/></td> </tr> <tr> <td data-bbox="321 1056 337 1081">b.</td> <td data-bbox="365 1056 1234 1108">Have your previous combined 403(b) and Roth 403(b) contributions averaged less than \$5,000 per year? If NO, enter \$0 in line 2e and proceed to question 3. If YES, continue to the next question.</td> <td data-bbox="1252 1056 1268 1081">2b.</td> <td data-bbox="1300 1056 1446 1081"><input type="text" value="YES / NO"/></td> </tr> <tr> <td data-bbox="321 1108 337 1134">c.</td> <td data-bbox="365 1108 1234 1161">Have you made any Special 15-Year Catch-up contributions previously? If NO, skip to question 2e. If YES, continue to next question.</td> <td data-bbox="1252 1108 1268 1134">2c.</td> <td data-bbox="1300 1108 1446 1134"><input type="text" value="YES / NO"/></td> </tr> <tr> <td data-bbox="321 1161 337 1186">d.</td> <td data-bbox="365 1161 1234 1186">Enter the total amount of any previously utilized Special 15-Year Catch-up contributions in line 2d.</td> <td data-bbox="1252 1161 1268 1186">2d.</td> <td data-bbox="1300 1161 1446 1186"><input type="text"/></td> </tr> <tr> <td data-bbox="321 1186 337 1211">e.</td> <td data-bbox="365 1186 1234 1239">Subtract line 2d from \$15,000. If the result is greater than \$3,000 then enter \$3,000 in line 2e. 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Enter the total amount of any previously utilized Special 15-Year Catch-up contributions in line 2d.	2d.	<input type="text"/>	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.	2e.	<input type="text"/>	3.	Age 50 Catch-up Contribution			a.	Will you reach Age 50 by 12/31/2011?	3a.	<input type="text" value="YES / NO"/>	b.	If 3a is YES, enter \$5,500 in line 3b. If 3a is NO, enter \$0 in line 3b.	3b.	<input type="text"/>	4.	Add lines 1, 2e, and 3b. This is your Maximum 403(b) and Roth 403(b) Contribution Amount for 2011. <i>This number cannot exceed \$25,000.</i>	4.	<input type="text"/>	5.	Enter the total of any contributions already made to 403(b) plans during 2011.	5.	<input type="text"/>	6.	Subtract line 5 from line 4. This is the total remaining amount you may contribute to 403(b) plans during 2011.	6.	<input type="text"/>
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Employee Signature	<p>IMPORTANT: 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 will review data for purposes of verifying 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 \$49,000 or 100% of compensation.</p> <p>Your Salary Reduction Agreement must include a copy of this form</p>																																																									
Employee Signature X	Date																																																									

2011 Maximum Contribution Worksheet - Part 2

457(b) Final Three Year Catch-up Calculation



Instructions The 2011 Maximum Contribution Worksheet - Part 2 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.

Determine Year of Normal Retirement Age

- Are you eligible or will you become eligible for retirement benefits under PERS, STRS, or another retirement system before or during 2014?
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
- In what calendar year did you become or will you become eligible for retirement benefits under PERS, STRS, or another retirement system? 2.
- In what calendar year will you terminate employment with Corona-Norco Unified School District? 3.
- 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.
- 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.

Determine Total Available Catch-up

- 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. <input type="text"/>
2002	x 1 =		\$11,000.00	=	=	6b. <input type="text"/>
2003	x 1 =		\$12,000.00	=	=	6c. <input type="text"/>
2004	x 1 =		\$13,000.00	=	=	6d. <input type="text"/>
2005	x 1 =		\$14,000.00	=	=	6e. <input type="text"/>
2006	x 1 =		\$15,000.00	=	=	6f. <input type="text"/>
2007	x 1 =		\$15,500.00	=	=	6g. <input type="text"/>
2008	x 1 =		\$15,500.00	=	=	6h. <input type="text"/>
2009	x 1 =		\$16,500.00	=	=	6i. <input type="text"/>
2010	x 1 =		\$16,500.00	=	=	6j. <input type="text"/>

- Sum lines 6a through 6j and enter the result in line 7. 7.
- 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.
- Sum lines 7 and 8. This is your total available 457(b) Final Three Year Catch-up. 9.

Determine Amount of Catch-up Previously Used

- 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.

	Previously Utilized Catch-up	Maximum Catch-up	Lesser of Previously Utilized Catch-up and Maximum Catch-up	
2009	<input type="text"/>	\$16,500.00	<input type="text"/>	10. <input type="text"/>
2010	<input type="text"/>	\$16,500.00	<input type="text"/>	
Total			<input type="text"/>	

Determine Available Catch-up for 2011

- Subtract line 10 from line 9. 11.
- Enter the lesser of \$16,500 or the amount in line 11. This is your available 457(b) Final Three Year Catch-up for 2011. Also enter this amount in line 3 of the 457(b) section of Part 1 (first page) of this form. 12.

FBC Transfer In / Rollover In Request Form



Employee Instructions	The FBC Transfer In / Rollover In Request Form is to be used to Transfer, Exchange or Rollover eligible retirement plan assets to the FBC Nationwide Retirement Program. Please complete all of the steps outlined below. Upon completion, submit the <u>original</u> form to the Fringe Benefits Consortium.		Fringe Benefits Consortium 6401 Linda Vista Road Room 506 San Diego, CA 92111
Step 1	Participant Name	Social Security Number	
Employee Information	Participant Mailing Address <small>(Street)</small>	E-Mail Address	
	<small>(City, ST ZIP)</small>	Home Phone Number	Work Phone Number
	School District (Employer)	Name of Financial Representative / Broker	
Step 2	Please complete the following:		
Prior Account Information	<input type="checkbox"/> 100% Account Transfer Estimated Account Value \$ _____ <input type="checkbox"/> Partial Account Transfer Partial Transfer Amount \$ _____ or _____ % Type of account being transferred: <input type="checkbox"/> 401(a) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Other: _____		
	Prior Vendor Name	Prior Vendor Phone Number	
	Prior Vendor Address <small>(Street)</small>	Account Number of Account Being Transferred	
	<small>(City, ST ZIP)</small>		
Step 3	Please complete the following:		
Prior Plan Information	<input type="checkbox"/> Yes <input type="checkbox"/> No Were the assets, which are being transferred, accumulated under a 403(b) or 457(b) Plan, other than your current employer's 403(b) or 457(b) Plan? If "Yes", answer the following questions. If "No" continue to step 4:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No Are the assets subject to any other distribution restrictions?		
	If "yes", please explain: _____		
	Name of Prior Employer: _____		
Date of Termination: _____			
*Check with your Previous Employer			
Step 4	The transferred assets will be deposited into your Nationwide account and invested according to your existing account allocations unless you specify other allocations below.		
Asset Allocation	Specific Fund Allocations:		
	_____	_____	_____ %
	_____	_____	_____ %
_____			_____ %
Step 5	By executing this form I hereby direct the investment provider identified on this form to liquidate the designated amount of the indicated account and to transfer the proceeds to my Corona-Norco Unified Fringe Benefits Consortium (FBC) 403(b)/457(b) Custodial Account, except to the extent my current employer or any of my former employers prohibits transferability. In the event of such prohibition, I hereby direct said investment provider to retain the nontransferable portion of my account in a separate account or contract and to transfer the remainder.		
Employee Approval	Employee Signature	Date	
	X		
Custodian Approval	Authorized Representative Signature	Date	
	X		
Signature Guarantee	(If Required)	Date	
	X		
Vendor Instructions	Please provide the following information:		
	1. Account Balance as of 12/31/88; Post-1988 Contributions 2. Account Balance as of 12/31/86 3. Dollar Amount Breakdown by Each Money Type 4. FBO, Social Security Number, and Account Number 196-80051	Mail to: Fringe Benefits Consortium c/o National Benefit Services LLC P.O. Box 698 West Jordan, UT 84084	Make Checks Payable To: Nationwide Trust Co.