



Fringe Benefits Consortium

**Riverside County
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 Transfer In/Rollover In Request Form	To transfer or rollover your previous retirement accounts into the program

If you need 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 (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



Fringe Benefits Consortium

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.fbcetire.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 <small>(Street)</small>	Email Address																									
	<small>(City, ST ZIP)</small>	Date of Birth	Date of Hire																								
Investment Elections	<p>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 0.30% annual administration fee. Vanguard and American Funds investments (marked *) carry an additional 0.40% annual administration fee.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Do It For Me</p> <p> 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.fbcetire.com/forms.</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto; margin-right: auto;"></div> <p style="text-align: right; font-size: small;">Initial</p> </div> <div style="width: 45%;"> <p>Help Me Do It</p> <p> Select the Nationwide Investor Destination Fund that best fits your time horizon and investor profile from page 16 of the enrollment booklet. It is recommended that you allocate 100% to the fund that best fits your profile.</p> <p style="text-align: center;"><u>Nationwide Investor Destination Funds</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>% Aggressive (970)(NDASX)</td></tr> <tr><td><input type="checkbox"/></td><td>% Moderate Aggressive (971)(NDMSX)</td></tr> <tr><td><input type="checkbox"/></td><td>% Moderate (972)(NSDMX)</td></tr> <tr><td><input type="checkbox"/></td><td>% Moderate Conservative (973)(NSDCX)</td></tr> <tr><td><input type="checkbox"/></td><td>% Conservative (974)(NDCSX)</td></tr> </table> <p style="text-align: center;"><u>Fidelity Freedom Funds (Target Date)</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>% Fidelity Advisor Freedom 2020 A (1304)(FDAFX)</td></tr> <tr><td><input type="checkbox"/></td><td>% Fidelity Advisor Freedom 2025 A (1293)(FATWX)</td></tr> <tr><td><input type="checkbox"/></td><td>% Fidelity Advisor Freedom 2030 A (1305)(FAFEX)</td></tr> <tr><td><input type="checkbox"/></td><td>% Fidelity Advisor Freedom 2035 A (1294)(FATHX)</td></tr> <tr><td><input type="checkbox"/></td><td>% Fidelity Advisor Freedom 2040 A (1306)(FAFFX)</td></tr> <tr><td><input type="checkbox"/></td><td>% Fidelity Advisor Freedom 2045 A (1893)(FFFZX)</td></tr> <tr><td><input type="checkbox"/></td><td>% Fidelity Advisor Freedom 2050 A (1894)(FFFLX)</td></tr> </table> </div> </div>			<input type="checkbox"/>	% Aggressive (970)(NDASX)	<input type="checkbox"/>	% Moderate Aggressive (971)(NDMSX)	<input type="checkbox"/>	% Moderate (972)(NSDMX)	<input type="checkbox"/>	% Moderate Conservative (973)(NSDCX)	<input type="checkbox"/>	% Conservative (974)(NDCSX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2020 A (1304)(FDAFX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2025 A (1293)(FATWX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2030 A (1305)(FAFEX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2035 A (1294)(FATHX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2040 A (1306)(FAFFX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2045 A (1893)(FFFZX)	<input type="checkbox"/>	% Fidelity Advisor Freedom 2050 A (1894)(FFFLX)
<input type="checkbox"/>	% Aggressive (970)(NDASX)																										
<input type="checkbox"/>	% Moderate Aggressive (971)(NDMSX)																										
<input type="checkbox"/>	% Moderate (972)(NSDMX)																										
<input type="checkbox"/>	% Moderate Conservative (973)(NSDCX)																										
<input type="checkbox"/>	% Conservative (974)(NDCSX)																										
<input type="checkbox"/>	% Fidelity Advisor Freedom 2020 A (1304)(FDAFX)																										
<input type="checkbox"/>	% Fidelity Advisor Freedom 2025 A (1293)(FATWX)																										
<input type="checkbox"/>	% Fidelity Advisor Freedom 2030 A (1305)(FAFEX)																										
<input type="checkbox"/>	% Fidelity Advisor Freedom 2035 A (1294)(FATHX)																										
<input type="checkbox"/>	% Fidelity Advisor Freedom 2040 A (1306)(FAFFX)																										
<input type="checkbox"/>	% Fidelity Advisor Freedom 2045 A (1893)(FFFZX)																										
<input type="checkbox"/>	% Fidelity Advisor Freedom 2050 A (1894)(FFFLX)																										
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	Date																									
	X																										

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

FBC Salary Reduction Agreement

457(b) and 403(b)



Fringe Benefits Consortium

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, 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 <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. [Vendor Code # 8420]																										
403(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>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			\$ _____
Vendor Name	Code #	VIN #	Dollar Amount																								
<i>Fringe Benefits Consortium Nationwide 403(b)</i>	<i>0532</i>	<i>1144</i>	\$ _____																								
Other:			\$ _____																								
Other:			\$ _____																								
Other:			\$ _____																								
TOTAL			\$ _____																								
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 <i>457(b) and 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:60%;">Employee Signature X</td> <td>Date</td> </tr> </table>			Employee Signature X	Date																						
Employee Signature X	Date																										
Employer Approval	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.

FBC Transfer In / Rollover In Request Form



Fringe Benefits Consortium

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 of this form, please fax a copy to (800) 597-8206.		
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 Retirement Specialist / Financial Representative
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 San Diego County Schools 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		
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 6980 West Jordan, UT 84084	Make Checks Payable To: Nationwide Trust Co.

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