



Fringe Benefits Consortium

**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 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.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	Email Address																																																																																																					
	(Street)																																																																																																						
	(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.																																																																																																						
	 Do It For Me - Meeder Financial 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 .		<input type="checkbox"/> Initial																																																																																																				
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	 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. <table border="0" style="width: 100%;"> <tr> <td colspan="2" data-bbox="435 919 792 940">Nationwide Investor Destination Funds</td> <td colspan="2" data-bbox="1045 873 1321 894">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)(FFFZX)</td> </tr> <tr> <td></td><td></td> <td><input type="checkbox"/></td><td>% Fidelity Advisor Freedom 2050 A (1894)(FFFLX)</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)(FFFZX)			<input type="checkbox"/>	% Fidelity Advisor Freedom 2050 A (1894)(FFFLX)																																																																				
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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.																																																																																																						
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Upon completion, fax a copy to 1-800-597-8206.

FBC Salary Reduction Agreement

457(b), 403(b) and Roth 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 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 <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 # 27000]																										
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>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>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>25000</i>	<i>1144</i>	\$	Other:			\$	Other:			\$	Other:			\$	TOTAL			\$
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TOTAL			\$																								
Roth 403(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. [Vendor Code # 80100]																										
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), 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 X</td> <td>Date</td> </tr> </table>			Employee Signature X	Date																						
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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.

2011 Maximum Contribution Worksheet - Part 1

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



Fringe Benefits Consortium

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 <u>original</u> form to your district 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 (Street)	Work Phone Number
	(City, ST ZIP)	E-mail Address
457(b) Calculation	1. Annual base deferral limit:	1. <input type="text" value="\$16,500.00"/>
	2. Age 50 Catch-up Contribution:	
	a. Will you reach age 50 by 12/31/2011?	2a. YES / NO
	b. If 2a is YES, enter \$5,500 in line 2b. If 2a is NO, enter \$0 in line 2b.	2b. <input type="text"/>
	3. Final Three Year Catch-up Contribution	3. <input type="text"/>
	Enter your answer from question 12 of Part 2 of this form (second page). If you are not eligible for the Final Three Year Catch-up, enter \$0.	
	4. Add lines 1 and the greater of lines 2b or 3. This is your Maximum 457(b) Contribution Amount for 2011. <i>This number cannot exceed \$33,000.</i>	4. <input style="border: 2px solid black;" type="text"/>
5. Enter the total of any contributions already made to 457(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 457(b) plans during 2011.	6. <input type="text"/>	
403(b) and Roth 403(b) Calculation	1. Annual base deferral limit	1. <input type="text" value="\$16,500.00"/>
	2. Special 15-Year Catch-up Contribution	
	a. Have you completed 15 or more full years of service with you current school district?	2a. YES / NO
	If NO, enter \$0 in line 2e and proceed to question 3. If YES, continue to the next question.	
	b. Have your previous combined 403(b) and Roth 403(b) contributions averaged less than \$5,000 per year?	2b. YES / NO
	If NO, enter \$0 in line 2e and proceed to question 3. If YES, continue to the next question.	
	c. Have you made any Special 15-Year Catch-up contributions previously?	2c. YES / NO
	If NO, skip to question 2e. If YES, continue to next question.	
	d. 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.	2e. <input type="text"/>
	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	
a. Will you reach Age 50 by 12/31/2011?	3a. 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 style="border: 2px solid black;" 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"/>	
Employee Signature	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.	
	Employee Signature X	Date

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

2011 Maximum Contribution Worksheet - Part 2

457(b) Final Three Year Catch-up Calculation



Fringe Benefits Consortium

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 <u>original</u> form to your district payroll office. Please also fax a copy of this form to (800) 597-8206.							
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 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			
	2.	In what calendar year did you become or will you become eligible for retirement benefits under PERS, STRS, or another retirement system?			2. <input style="width: 100px;" type="text"/>			
	3.	In what calendar year will you terminate employment with your San Diego County School District?			3. <input style="width: 100px;" type="text"/>			
	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. <input style="width: 100px;" type="text"/>			
	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. <input style="width: 100px;" type="text"/> 5b. <input style="width: 100px;" type="text"/> 5c. <input style="width: 100px;" type="text"/>			
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*	<input style="width: 100px;" type="text"/> x .33 =	<input style="width: 100px;" type="text"/>	\$8,000.00	-	=	6a. <input style="width: 100px;" type="text"/>
		2002	<input style="width: 100px;" type="text"/> x 1 =	<input style="width: 100px;" type="text"/>	\$11,000.00	-	=	6b. <input style="width: 100px;" type="text"/>
		2003	<input style="width: 100px;" type="text"/> x 1 =	<input style="width: 100px;" type="text"/>	\$12,000.00	-	=	6c. <input style="width: 100px;" type="text"/>
		2004	<input style="width: 100px;" type="text"/> x 1 =	<input style="width: 100px;" type="text"/>	\$13,000.00	-	=	6d. <input style="width: 100px;" type="text"/>
		2005	<input style="width: 100px;" type="text"/> x 1 =	<input style="width: 100px;" type="text"/>	\$14,000.00	-	=	6e. <input style="width: 100px;" type="text"/>
		2006	<input style="width: 100px;" type="text"/> x 1 =	<input style="width: 100px;" type="text"/>	\$15,000.00	-	=	6f. <input style="width: 100px;" type="text"/>
		2007	<input style="width: 100px;" type="text"/> x 1 =	<input style="width: 100px;" type="text"/>	\$15,500.00	-	=	6g. <input style="width: 100px;" type="text"/>
		2008	<input style="width: 100px;" type="text"/> x 1 =	<input style="width: 100px;" type="text"/>	\$15,500.00	-	=	6h. <input style="width: 100px;" type="text"/>
	2009	<input style="width: 100px;" type="text"/> x 1 =	<input style="width: 100px;" type="text"/>	\$16,500.00	-	=	6i. <input style="width: 100px;" type="text"/>	
	2010	<input style="width: 100px;" type="text"/> x 1 =	<input style="width: 100px;" type="text"/>	\$16,500.00	-	=	6j. <input style="width: 100px;" type="text"/>	
	7.	Sum lines 6a through 6j and enter the result in line 7.			7. <input style="width: 100px;" type="text"/>			
	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. <input style="width: 100px;" type="text"/>			
	9.	Sum lines 7 and 8. This is your total available 457(b) Final Three Year Catch-up.			9. <input style="width: 100px;" type="text"/>			
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.						
			Previously Utilized Catch-up	Maximum Catch-up	Lesser of Previously Utilized Catch-up and Maximum Catch-up			
		2009	<input style="width: 100px;" type="text"/>	\$16,500.00	<input style="width: 100px;" type="text"/>	10. <input style="width: 100px;" type="text"/>		
	2010	<input style="width: 100px;" type="text"/>	\$16,500.00	<input style="width: 100px;" type="text"/>				
		Total		<input style="width: 100px;" type="text"/>				
Determine Available Catch-up for 2011	11.	Subtract line 10 from line 9.			11. <input style="width: 100px;" type="text"/>			
	12.	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. <input style="width: 100px;" type="text"/>			

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.