

AZUSA UNIFIED SCHOOL DISTRICT FRINGE CONTRIBUTION AGREEMENT

*****THIS FORM MUST BE SUBMITTED DIRECTLY TO THE AZUSA USD PAYROLL OFFICE*****

Employee Information	Employee Name	Social Security No.	Date of Birth	Date of Hire														
	Home Address	City	State	Zip														
	Home Phone	Work Phone	SchoolsFirst Federal Credit Union Acct No. (Optional)															
	School District Name: AZUSA UNIFIED SCHOOL DISTRICT	School/Location Name																
		(Select One) Classified Certificated																
	Agent/Financial Advisor Name:	Phone Number	Address															
<p>----- Action to be taken ----- (This request must be submitted 30 days prior to the effective date)</p> <p>*This form SUPERSEDES all prior Fringe Contribution Agreements*</p>	<p>Effective Date: Next Available Pay Cycle Later Pay Cycle _____</p> <p>Check One: =></p> <p style="padding-left: 20px;"> Begin or Resume Contributions (If you have NO current contributions) Change Future Contribution Amounts (Please list ALL future contributions below) Change Future Contribution Companies (Please list ALL future contributions below) Change Future Contribution Amounts and Companies (Please list ALL future contributions below) Terminate participation (If you are not terminating ALL providers, please choose one of the options above) </p> <p>For 403b, please specify below: 403bcompare.com</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Fringe Percentage</u></th> <th style="text-align: left;"><u>Vendor</u></th> <th style="text-align: left;"><u>Vendor ID #</u></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>% _____</td> <td>_____</td> <td>_____</td> <td rowspan="3" style="vertical-align: top;">Note: All accounts must be established with the listed fund company prior to submitting the SRA.</td> </tr> <tr> <td>% _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>% _____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Note: Please list ALL Fringe Contributions as this form supersedes all prior agreements</p>				<u>Fringe Percentage</u>	<u>Vendor</u>	<u>Vendor ID #</u>		% _____	_____	_____	Note: All accounts must be established with the listed fund company prior to submitting the SRA.	% _____	_____	_____	% _____	_____	_____
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% _____	_____	_____	Note: All accounts must be established with the listed fund company prior to submitting the SRA.															
% _____	_____	_____																
% _____	_____	_____																
<p>----- Disclosure -----</p>	<p>I understand and agree to the following:</p> <ol style="list-style-type: none"> a. This Fringe Benefit Contribution Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect; and b. This Fringe Benefit Contribution Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new Fringe Contribution Agreement is submitted; and c. This Fringe Benefit Contribution Agreement may be changed with respect to amounts not yet paid or available; and <p>Nothing herein shall affect the terms of employment between the Employer and myself. This agreement supersedes all prior Fringe Benefit Contribution Agreements and shall automatically terminate if I cease to be eligible for the Fringe Benefit Contribution.</p> <p>I understand that I may not contribute an amount that will exceed the contribution limitations under Code Section 402(g)</p> <p>I hereby agree to reduce my eligible salary or wages each pay period by the above amount(s) for the corresponding plan(s) and direct my Employer to contribute this amount on my behalf to the investment options I have selected.</p>																	
Employee Signature	Signature:	Date:																

Forward all forms to:
Azusa Unified School District
Attn: Accounting Dept/TSA
546 S. Citrus Ave., Azusa, CA 91702

SchoolsFirst FCU USE ONLY	
Date Received	_____
Date Input	_____
Initials	_____