403(b) Salary Reduction Agreement (SRA)

Email completed forms to rpa@schoolsfirstfcu.org or Fax completed forms (714) 258-4262

1. Participant Inform	nation						
First Name	me Last Name		Social Security Number (REQUIRED)	Date of Birth	Date	Date of Hire	
Street Address		City	State	Zip Code	Phone Number		
					☐ Certificated	☐ Classified	
School District			County				
Employee ID (Required for LA Districts Only)			Participant Email Address				
2. Action							
This agreement supersed	les all prior	403(b) Salary Red	duction Agreement				

Form - 403-200SF (5/20 3)