Enrollment Form

FICA Alternative Retirement Plan

All items on the form must be completed. PLEASE PRINT CLEARLY

Step 1 Participant Information

Employee Name	Social Security Number	District or Institution
Mailing Address	**Date of Birth**	**Home Phone Number**
(Street)		
(City, State, Zip)	**Date of Hire**	**Business Phone Number**

Step 2

Select **only one** of the boxes below:

☐ New enrollment/participate ☐ Name change ☐ Address change ☐ Beneficiary change

Step 3

Beneficiary Designation

MARITAL STATUS ☐ **Single** ☐ **Married** *Note: Spousal consent may be required. See below.*

The following shall be my Beneficiary or Beneficiaries of the 457 Part-Time, Substitute and Temporary Program.

If I designate more than one primary or contingent Beneficiary, but do not specify the percentage to which such Beneficiary or Beneficiaries is entitled, payment will be made to the surviving Beneficiary or Beneficiaries in equal shares.

Primary Beneficiaries

Name	Relationship	Date of Birth	Social Security #	Address	Percentage

Contingent Beneficiaries

Name	Relationship	Date of Birth	Social Security #	Address	Percentage

Spousal Consent

For use in community or marital property states

If you are married, and you reside in a community property or marital property state and you designate someone other than your spouse as your sole primary beneficiary, your spouse must sign this form below, and if required in your state, have the signature witnessed by a Notary Public.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in the plan, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in the plan and consent to the beneficiary designation(s) indicated above.
I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to my by the Plan Sponsor.

_____

Signature of the spouse (if required in Community or Marital Property State Date

Step 4

I hereby authorize my Employer to withhold funds to be used as a FICA alternative and authorize the Company to accept funds on my behalf. I agree to furnish the company with proof of age before payments. Upon termination I must wait twelve (12) months before I can request a withdrawal of my funds. A processing fee and a mandatory withholding may be taken out of the withdrawal. If my account is over $5,000.00, I will not be able to withdrawal my funds or transfer them until I have a qualifying retirement event. This is a FICA alternative under the OBRA act of 1989

Employee Signature	Date

For District Use Only

_____ _____ _____

District Authorized Signature (Required) Date Date of hire