



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 Maximum Contribution Worksheet	To determine your 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) 274-0503 ext. 5
www.fbcretire.com

FBC Nationwide Enrollment Form Case#196-80051

1 Participant Information

School District or Former School District

Participant Name

Social Security Number

Participant Mailing Address City, State, Zip Code

Phone Number

Participant Email Address

Date of Birth

2 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 0.4% 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.fbcetire.com/forms.

Initial



Do It For Me - Nationwide ProAccount®

Initial this box if you would like Nationwide ProAccount® to monitor and manage your account for you in accordance with your personal profile, age, and risk tolerance. Contributions and assets will be placed into the Money Market Fund until ProAccount® begins managing your account. An additional 0.70% annual management fee applies to this plan option. A separate application must be completed and submitted for ProAccount® to manage your account. Download the Nationwide ProAccount® Application at www.fbcetire.com/forms or contact your Retirement Specialist.

Initial



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.

Nationwide Investor Destination Funds

- _____ % Aggressive (970)(NDASX)
- _____ % Moderate Aggressive (971)(NDMSX)
- _____ % Moderate (972)(NSDMX)
- _____ % Moderate Conservative (973)(NSDCX)
- _____ % Conservative (974)(NDCSX)

Fidelity Freedom Funds (Target Date)

- _____ % Fidelity Advisor Freedom 2020 A (1304)(FDAFX)
- _____ % Fidelity Advisor Freedom 2025 A (1293)(FATWX)
- _____ % Fidelity Advisor Freedom 2030 A (1305)(FAFEX)
- _____ % Fidelity Advisor Freedom 2035 A (1294)(FATHX)
- _____ % Fidelity Advisor Freedom 2040 A (1306)(FAFFX)
- _____ % Fidelity Advisor Freedom 2045 A (1893)(FFZFX)
- _____ % Fidelity Advisor Freedom 2050 A (1894)(FFFLX)



I'll Do It Myself

A list of Investment Fact Sheets can be view at our website by selecting the Investment Options tab at fbcetire.com

International Funds

- _____ % Oppenheimer Developing Markets (844)(ODMAX)
- _____ % *Amer-Capital World Grow & Income (1395)(RWIFX)
- _____ % *Amer-New Perspective Fund (1499)(RNPFX)
- _____ % *Amer-Small Cap World Fund (1501)(RSLFX)

Large Cap Funds

- _____ % Oppenheimer Main Street A (856)(MSIGX)
- _____ % S&P 500 Index (356)(GRMSX)
- _____ % *Amer-Growth Fund of America (1397)(RGAFX)
- _____ % *Amer-Investment Company of America (1399)(RICFX)
- _____ % *Amer-Washington Mutual Investors (1400)(RWMFX)
- _____ % *Vanguard Windsor II Fund (1515)(VWNFX)
- _____ % *Vanguard Value Index (1448)(VIVAX)
- _____ % *Vanguard Growth Index fund (1508)(VIGRX)

Mid Cap Funds

- _____ % Dreyfus Mid Cap Value (733)(DMCVX)
- _____ % *Principal Mid Cap Blend Inst (2297)(PCBIX)
- _____ % Wells Fargo Advantage Discovery (874)(STDIX)

Small Cap Funds

- _____ % Invesco Small Cap Growth (437)(GTSAX)
- _____ % *Vanguard Small-Cap Value Index (1447)(VISVX)

Bond Funds

- _____ % Pimco Total Return (138)(PTTAX)
- _____ % American Century Inflation Adjusted Bond (707)(AIAVX)
- _____ % RidgeWorth High Income (2405)(SAHIX)
- _____ % *Amer-Intermediate Bond Fund of America (1497)(RBOFX)
- _____ % *Vanguard Short-Term Bond Index (1445)(VBISX)
- _____ % *Vanguard Inflation-Protected Securities (1443)(VIPSX)

Balanced Funds

- _____ % *Amer-American Balanced Fund (1490)(RLBFX)
- _____ % *Amer-Capital Income Builder (1494)(RIRFX)
- _____ % *Amer-Income Fund of America (1398)(RIDFX)
- _____ % *Vanguard Wellesley Income (1449)(VWINX)
- _____ % *Vanguard Wellington Fund (1514)(VWELX)

Specialty Funds

- _____ % Franklin Biotech Discovery (271)(FBDIX)
- _____ % Invesco Real Estate Fund (576)(IARAX)
- _____ % Oppenheimer Gold & Special Minerals (374)(OPGSX)
- _____ % Wells Fargo Utility & Telecomm (2386)(EVUAX)
- _____ % Invesco Energy Fund (788)(FSTEX)
- _____ % *Vanguard REIT Index (1444)(VGSIX)

Stable Value Funds

- _____ % Money Market Fund (688)(GMIXX)
- _____ % **Fixed Option (8002) (BOA2)(see below)

I understand that a market value adjustment may apply if I move money out of the Fixed Account. Nationwide ProAccount and Meeder Financial Active Management is unable to manage this fund. **Initial here:** _____

3 Beneficiary Designation

*If you are married you must name your spouse as primary beneficiary unless your spouse signs a waiver. See Beneficiary Designation Form for more beneficiaries.

Primary Beneficiary*

Social Security Number

Relationship

Secondary Beneficiary

Social Security Number

Relationship

Secondary Beneficiary

Social Security Number

Relationship

4 Participant 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.

Participant Signature (Required)

Date

Form - 403-217 FBC (04/2015)

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:15%;">VIN #</th> <th style="width:25%;">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			\$
Vendor Name	Code #	VIN #	Dollar Amount																								
<i>Fringe Benefits Consortium Nationwide 403(b)</i>	<i>25000</i>	<i>1144</i>	\$																								
Other:			\$																								
Other:			\$																								
Other:			\$																								
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																						
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.

2015 Maximum Allowable Contribution Worksheet – Part 1

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



1 Participant Information

Participant Name	Social Security Number	
Participant Mailing Address City, State, Zip Code	Phone Number	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Participant Email Address	Date of Birth	Number of Pay Periods Per Year
School District or Former School District	Broker/Financial Advisor Name	Broker/Financial Advisor Phone Number

2 457(b) Calculation

1. 2015 base deferral limit	1.	\$18,000
2. Age 50 Catch-up Contribution	2a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Will you reach Age 50 by 12/13/2015?	2b.	_____
b. If 2a is YES, enter 6,000 in line 2b. If 2a is NO, enter \$0 in line 2b.	3.	_____
3. Final Three Year Catch-up Contribution	4.	<input style="width: 100px; height: 20px;" type="text"/>
Enter your answer from question 12 on Part 2 of this form (page 2). If you are not eligible for the Final Three Year Catch-up, enter \$0.	5.	_____
4. Add lines 1 and the greater of lines 2b or 3. This is your Maximum 457(b) Contribution Amount for 2015. This number cannot exceed \$36,000	6.	_____
5. Enter the total of any contributions already made to 457(b) plans during 2015		
6. Subtract line 5 from line 4. This is the total remaining amount you may contribute to 457(b) plans during 2015.		

3 403(b) Calculation

1. 2015 base deferral limit	1.	\$18,000
2. Special 15-Year Catch-up Contribution (if permitted by your employer)	2a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Have you completed 15 or more full years of service with your current employer?	2b.	_____
• If NO, enter \$0 in line 2k and proceed to question 3. If YES, continue to the next question.	2c.	_____
b. How many full years of service have you completed?	2d.	_____
• Enter this number on 2b	2e.	_____
c. What is the total dollar amount of deferrals for the years completed on line 2b?	2f.	_____
• Enter this amount on 2c	2g.	_____
d. Divide 2c by 2b. This is your average contribution rate.	2h.	_____
• Enter this value into 2d	2i.	_____
e. Subtract line 2d from \$5,000.	2j.	_____
• Enter this value into 2e	2k.	_____
❖ If this value is less than 0, enter 0 into 2i. You are not eligible for this catch up.		
f. Multiply the value in 2e by the number of full years of service (2b).	3a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Enter the lesser of 2f or 15000 into line 2g.	3b.	_____
h. Enter the amount of previously utilized 15 year catch-up deferrals into 2h	4.	<input style="width: 100px; height: 20px;" type="text"/>
i. Subtract 2h from \$15,000 enter this into 2i.	5.	_____
j. Enter the lesser of 2g and 2i into 2j.	6.	_____
• This is the amount that you are eligible for as a lifetime maximum.		
k. Enter the lesser of 2j and \$3,000 into 2k.		
• This is the amount you are eligible for this year.		
3. Age 50 Catch-up Contribution		
a. Will you reach Age 50 by 12/13/2015?		
b. If 3a is YES, enter 6,000 in line 3b. If 3a is NO, enter \$0 in line 3b.		
4. Add lines 1, 2i, and 3b. This is your Maximum 403(b) & Roth 403(b) Contribution Amount for 2015. This number cannot exceed \$27,000.		
5. Enter the total of any contributions already made to 403(b) plans during 2015		
6. Subtract line 5 from line 4. This is the total remaining amount you may contribute to 403(b) plans during 2015.		

4 Employee Approval

IMPORTANT: You may rely on the accuracy of this Worksheet if the information you provide is correct and complete. Neither your Employer, nor National Benefit Services, LLC possess data for purposes of calculating 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 your Employer, 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) Plan may not exceed the lesser of \$53,000 or 100% of compensation. Your Salary Reduction Agreement must include a copy of this form.

Employee Signature	Date
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Form - 403-201FBC (12/2014)

2015 Maximum Allowable Contribution Worksheet – Part 2 457 (b) Final Three Year Catch-up Calculation

1 Participant Information

Participant Name _____

Social Security Number _____

2 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 2017? 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. _____
3. In what calendar year will you terminate employment with your San Diego County School District? 3. _____
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. _____
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. _____
5b. _____
5c. _____

3 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*	_____	X .33 =	_____	\$8,000.00	_____	- _____	= 6a. _____
2002	_____	X 1 =	_____	\$11,000.00	_____	- _____	= 6b. _____
2003	_____	X 1 =	_____	\$12,000.00	_____	- _____	= 6c. _____
2004	_____	X 1 =	_____	\$13,000.00	_____	- _____	= 6d. _____
2005	_____	X 1 =	_____	\$14,000.00	_____	- _____	= 6e. _____
2006	_____	X 1 =	_____	\$15,000.00	_____	- _____	= 6f. _____
2007	_____	X 1 =	_____	\$15,500.00	_____	- _____	= 6g. _____
2008	_____	X 1 =	_____	\$15,500.00	_____	- _____	= 6h. _____
2009	_____	X 1 =	_____	\$16,500.00	_____	- _____	= 6i. _____
2010	_____	X 1 =	_____	\$16,500.00	_____	- _____	= 6j. _____
2011	_____	X 1 =	_____	\$16,500.00	_____	- _____	= 6k. _____
2012	_____	X 1 =	_____	\$17,000.00	_____	- _____	= 6l. _____
2013	_____	X 1 =	_____	\$17,500.00	_____	- _____	= 6m. _____
2014	_____	X 1 =	_____	\$17,500.00	_____	- _____	= 6n. _____

7. Sum lines 6a through 6n and enter the result in line 7. 7. _____
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. _____
9. Sum lines 7 and 8. This is your total available 457(b) Final Three Year Catch-up. 9. _____

4 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. 10. _____

	Previously Utilized Catch-up	Maximum Catch-Up	Lesser of Previously Utilized Catch-up and Maximum Catch-up
2013	_____	\$17,500.00	_____
2014	_____	\$17,500.00	_____
		Total	_____

5 Determine Available Catch-up For 2015

11. Subtract line 10 from line 9. 11. _____
12. Enter the lesser of \$18,000 or the amount in line 11. This is your available 457(b) Final Three Year Catch-up for 2015. Also enter this amount in line 3 of the 457(b) section of Part 1 (first page) of this form. 12. _____

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> <small>(City, ST ZIP)</small>	Account Number of Account Being Transferred							
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: <table style="width:100%; border:none;"> <tr> <td style="border:none;">_____</td> <td style="border:none; text-align:right;">%</td> </tr> <tr> <td style="border:none;">_____</td> <td style="border:none; text-align:right;">%</td> </tr> <tr> <td style="border:none;">_____</td> <td style="border:none; text-align:right;">%</td> </tr> </table>			_____	%	_____	%	_____	%
_____	%								
_____	%								
_____	%								
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 X	Date							
Custodian Approval	Authorized Representative Signature X	Date							
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.