Please print

This Savings Plan Contribution request acknowledges that you have submitted an account enrollment form for the first time with one of the authorized investment provider(s) below and that you completed the account enrollment process and have received your account information from the provider. Attach a copy of the new account information, provided by the investment provider.

A. Check the box next to the plan type you enrolled in:
   - 403(b)
   - 457(b)

B. Check the box next to the investment provider the account is with:
   - Fidelity - Plan # 50696(403b) or 88892(457b)
   - MetLife - Plan # 836473
   - Valic - Plan # 06139001000(403b) or 06139003000(457b)
   - Voya - Plan # VFF0120001
   - TIAA - Plan # 102671(403b) or 102674(457b)

C. Indicate the SEMIMONTHLY contribution amount under your selected vendor. Specify $ or %

<table>
<thead>
<tr>
<th>Fidelity</th>
<th>MetLife</th>
<th>Valic</th>
<th>Voya</th>
<th>TIAA</th>
</tr>
</thead>
</table>

- Effective Date: I understand this request is effective in the pay cycle when the form is received by FSCJ Benefits.
- Contract: If starting contributions, I have opened the required account with the vendor selected prior to submitting this form. I understand that failure to open the account will result in my contributions being returned.
- Changes: I am aware that I can make changes to my 403(b)/457(b) contributions at any time during the year through myFSCJ.
- This amount, together with any amounts previously or subsequently contributed during this calendar year through Agreements with FSCJ, or any other employer must produce a total contribution that does not exceed the limitations of Internal Revenue Service (IRS) Code Section 415 or Section 402(g), whichever is least. Please be advised a Maximum Annual Calculation is available to you from your investment provider.

________________________________________  ______________________
Employee Signature                         Date

SUBMIT COMPLETED FORM TO THE BENEFITS OFFICE VIA FAX (904-632-3329) OR EMAIL (benefits@fscj.edu)