Peralta Community College District 403(b) Plan

Plan Highlights

Introduction: Peralta Community College District is pleased to offer the 403(b) Plan to help eligible employees save for retirement. The plan allows you to save on a tax deferred basis. Plan oversight and administration is provided by MidAmerica.

This Plan Highlights outlines the key provisions of the plan as well as who to contact to sign up, for plan or investment related questions, or other information. We encourage you to seriously consider taking advantage of this valuable benefit to help enhance your financial future.

Eligibility:
- **Employee Contributions:** All Employees are eligible to contribute to the 403(b) plan.

Entry Date: Employees are able to enroll in the Plan immediately upon commencing employment with Peralta Community College District.

Contribution Types:
- **Employee Contributions:** Generally, you can contribute up to 100% of your income up to $16,500 (in 2011). You may be eligible to contribute an additional $5,500 if you are age 50 or older. You may be eligible to contribute an additional amount if you have 15 or more years of service.

Vesting:
- **Employee Contributions:** You are always 100% vested in your own contributions, plus earnings.

Withdrawal Options: (Subject to each vendor’s policies. Check with your vendor for availability.)
- **In-Service Withdrawal:** If age 59 1/2 or older.
- **Separation of Service:** Possible 10% penalty if under the age of 59 1/2. Various payment options are available.
- **Loans:** Tax-free loans enable you to access your account without permanently reducing your account. You may have only one outstanding loan, with no minimum loan amount. The loan amount is limited to 50% of your elective deferral vested account balance. Loans must be repaid within 5 years, or 15 years for a principal residence. Loans not repaid in accordance with the repayment schedule will result in taxation of the outstanding loan amount and a possible 10% penalty.
- **Hardships:** You may take a withdrawal for financial hardships. Hardship withdrawals are limited to the amount you have contributed to the plan and are only permitted for limited financial circumstances that must be substantiated.

Fees: MidAmerica charges an annual administration fee of $20. Some of the approved investment providers have agreed to pay the fee for Participants. If you have selected an investment provider that has not agreed to pay the fee, the fee will be deducted from your contribution pro-rata prior to being remitted to your provider.

Investments: A list of approved vendors is provided at www.spokeskids.com/PeraltaCCD.

Please Contact:
- **Vendor:** For forms such as distribution, loans, or hardships, account balances and to transfer funds.
- **MidAmerica Administrative & Retirement Solutions, Inc.:** For any plan related questions, to start or stop a contribution, or change your deduction please call 866-873-4240 or visit www.spokeskids.com/PeraltaCCD.

Please fax or mail all forms to: MidAmerica Administrative & Retirement Solutions, Inc.
Attn: 403(b) TPA
211 E. Main Street, Suite 100
Lakeland, FL 33801
Fax: 863-688-4466

Please refer to the Plan Document for more information on the Plan. In the event of a discrepancy, the Plan Document will prevail.

MidAmerica
Administrative & Retirement Solutions, Inc.
211 East Main Street, Suite 100, Lakeland, FL 33801
Toll-Free: 866.873.4240 • Fax 863.688.4466 • www.midamerica.biz

Rev. 12.6.2011
SRA – SALARY REDUCTION AGREEMENT
403(b) (TSA) Plan

This Agreement must be signed by the Employee and received by the Plan Administrator. If you participate in multiple 403(b) (TSA) accounts, all salary reductions must be on one SRA form. This Agreement is not effective until approved. This Agreement is irrevocable by the Employee as to any salary or amounts paid, but may be terminated or changed as to salary not yet paid. Compensation to be paid to this Employee shall be reduced by the sum indicated below per pay period starting with the compensation to be paid on the date requested below, or the first available payroll period after all requirements are satisfied. Please note that any SRA initiating contributions to be directed to a non-registered 403(b) provider must be rejected in conformance with California Education Code 25100 et. seq.

*Note: There is an administrative charge that will be deducted from your contribution amount listed below prior to being remitted to your provider.

THIS AGREEMENT SUPERCEDES AND REPLACES ALL PRIOR 403(b) (TSA) SALARY REDUCTION AGREEMENTS – INCLUDING THE AMOUNT(S), PROVIDER(S), AND EFFECTIVE DATE(S).

Check here if you are contributing to another retirement plan: □

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<thead>
<tr>
<th>EMPLOYER NAME:</th>
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<tbody>
<tr>
<td><strong>Employee Name</strong></td>
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<td>Phone (Day)</td>
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<tr>
<td>Email Address</td>
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</tbody>
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403(b) PLAN – TSA: Check Box: Agent/Broker must also sign below for all annuity sales.

☐ This is to Initiate/Start a New 403(b) (TSA) SRA (Check only if not currently participating)
☐ This is to Change the Amount of my currently existing 403(b) (TSA) Salary Reduction Agreement
☐ This is to Change my Company/Provider
☐ This is to Terminate/Stop my 403(b) (TSA) SRA (Indicate below the Effective Date & Company/Provider Name)

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<tr>
<th>Monthly Amount $</th>
<th>Effective with my payroll date (mm/dd/yyyy):</th>
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The Employer in accordance with the employer’s 403(b) Plan shall transmit the above in the following manner:

| $ | To: | Account # |
| $ | To: | Account # |
| $ | To: | Account # |

EMPLOYEE ACKNOWLEDGES that Employee has read, understands, and agrees to the terms and conditions set forth on the reverse side of this form. Employee further understands that a termination of salary reduction contributions to a provider that has not complied with or maintained registration in conformance with California law relating to those registration requirements will mean that Employee may not resume contributions later to that non-conforming provider. IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the parties hereto and the Employee has read and understands the terms and conditions listed on the reverse side of this form.

*1 I acknowledge that if I have selected a provider that has not agreed to pay the administrative charge, a monthly administrative charge of $20.00 per year will be withheld pro-rata from the salary deferral amount indicated above prior to being remitted to my provider.

Employee Signature: ___________________________ Date: ___________________________

ADVISOR/BROKER INFORMATION: Agent/Broker Name: ___________________________ Phone: ___________________________ Email: ___________________________

FOR ANNUITY SALES ONLY: By signing below, I agree that for annuity product being initiated within the Employer’s 403(b) Plan that there is no life insurance component included within the annuity product and that no portion of the Employee’s contribution to the Employer’s 403(b) Plan is going toward the purchase of life insurance.

Agent/Broker Signature: ___________________________ Date: ___________________________
Peralta Community College District 457 Plan

Plan Highlights

Introduction: Peralta Community College District is pleased to offer the 457 Plan to help eligible employees save for retirement. The plan allows you to save on a tax deferred basis. Plan oversight and administration is provided by MidAmerica.

This Plan Highlights outlines the key provisions of the plan as well as who to contact to sign up, for plan or investment related questions, or other information. We encourage you to seriously consider taking advantage of this valuable benefit to help enhance your financial future.

Eligibility:
- **Employee Contributions:** All Employees are eligible to contribute to the 457 plan.

Entry Date: Employees are able to enroll in the Plan immediately upon commencing employment with Peralta Community College District.

Contribution Types:
- **Employee Contributions:** Generally, you can contribute up to 100% of your income up to $16,500 (in 2011). You may be eligible to contribute an additional $5,500 if you are age 50 or older.

Vesting:
- **Employee Contributions:** You are always 100% vested in your own contributions, plus earnings.

Withdrawal Options: (Subject to each vendor’s policies. Check with your vendor for availability.)
- **In-Service Withdrawal:** If you have not made a salary deferral to the 457(b) plan in the last two years and your account balance is less than $5000.00 or if you are age 70 1/2.
- **Separation of Service:** Possible 10% penalty if under the age of 59½. Various payment options are available.
- **Loans:** Tax-free loans enable you to access your account without permanently reducing your account. You may have only one outstanding loan, with no minimum loan amount. The loan amount is limited to 50% of your elective deferral vested account balance. Loans must be repaid within 5 years, or 15 years for a principal residence. Loans not repaid in accordance with the repayment schedule will result in taxation of the outstanding loan amount and a possible 10% penalty.
- **Unforeseeable Emergency:** You may take an Unforeseeable Emergency Distribution. Unforeseeable Emergency Distributions are limited to the amount you have contributed to the plan and are only permitted for limited financial circumstances that must be substantiated.

Fees: MidAmerica charges an annual administration fee of $20. Some of the approved investment providers have agreed to pay the fee for Participants. If you have selected an investment provider that has not agreed to pay the fee, the fee will be deducted from your contribution pro-rata prior to being remitted to your provider.

Investments: A list of approved vendors is provided at www.spokeskids.com/PeraltaCCD.

Please Contact:
- **Vendor:** For forms such as distribution, loans, or hardships, account balances and to transfer funds.
- **MidAmerica Administrative & Retirement Solutions, Inc.:** For any plan related questions, to start or stop a contribution, or change your deduction please call 866-873-4240 or visit www.spokeskids.com/PeraltaCCD.

Please mail all forms to: MidAmerica Administrative & Retirement Solutions, Inc.
Attn: 457 TPA
211 E. Main Street, Suite 100
Lakeland, FL 33801

Please refer to the Plan Document for more information on the Plan. In the event of a discrepancy, the Plan Document will prevail.
SRA – SALARY REDUCTION AGREEMENT
457(b) (DCP) Plan

This Agreement must be signed by the Employee and received by the Plan Administrator. If you participate in multiple 457(b) Defined Contribution Plan (DCP) accounts, all salary reductions must be on one SRA form. This Agreement is not effective until approved. This Agreement is irrevocable by the Employee as to any salary or amounts paid, but may be terminated or changed as to salary not yet paid. Compensation to be paid to this Employee shall be reduced by the sum indicated below per pay period starting with the compensation to be paid on the date requested below, or the first available payroll period after all requirements are satisfied.

*Note: There is an administrative charge that will be deducted from your contribution amount listed below prior to being remitted to your provider.

THIS AGREEMENT SUPERCEDES AND REPLACES ALL PRIOR DCP/457(b) SALARY REDUCTION AGREEMENTS – INCLUDING THE AMOUNT(S), PROVIDER(S), AND EFFECTIVE DATE(S).

Check here if you are contributing to another retirement plan: ☐

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<thead>
<tr>
<th>EMPLOYER NAME:</th>
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<tbody>
<tr>
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<td>Phone (Day)</td>
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<td>Email Address</td>
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DCP/457(b) PLAN

☐ This is to Initiate a New 457(b) Salary Reduction Agreement (Check only if not currently participating)
☐ This is to Change the Amount of my currently existing 457(b) Salary Reduction Agreement
☐ This is to Change my Company/Provider
☐ This is to Terminate my 457(b) Salary Reduction Agreement (Indicate below the Effective Date & Company/Provider Name)

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<th>Monthly Amount</th>
<th>Effective with my payroll date (mm/dd/yyyy)</th>
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The Employer in accordance with the Employer’s 457(b) Plan shall transmit the above in the following manner:

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<th>Company/Provider Name:</th>
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EMPLOYEE ACKNOWLEDGES that Employee has read, understands, and agrees to the terms and conditions set forth on the reverse side of this form. Employee further understands that a termination of salary reduction contributions to a provider that has not complied with or maintained registration in IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the parties hereto and the Employee has read and understands the terms and conditions listed on the reverse side of this form.

*I acknowledge that if I have selected a provider that has not agreed to pay the administrative charge, a monthly administrative charge of $20.00 per year will be withheld pro-rata from the salary deferral amount indicated above prior to being remitted to my provider.

Employee Signature: ___________________________ Date: ______________

ADVISOR/BROKER INFORMATION:

Agent/Broker Name: ___________________________ Phone: ___________________________ Email: ___________________________

Zilsolutions_SRA_457_DualFees.doc