

Note: You may request an editable Word.doc version of this letter by emailing fcmm@fcmmbenefits.org.
Highlighted text should be edited by employer to reflect current year and applicable terms.

Annual Notice (YYYY) of Right to Participate in the FCMM 403(b) Retirement Plan

To: <Employee name>

From: <Name of Employer Representative>

Date: <Date>

Re: Notice of your right to participate in the FCMM 403(b) Retirement Plan (the Plan) of <Employer name>

We are pleased to notify our employees of the availability of a 403(b) plan in which salary deferral contributions, including Roth contributions, can be made.

Employees that work **20 hours or more per week, or 1000 or more per year**, are permitted to contribute salary deferral contributions to our retirement plan with FCMM on a pre-tax or Roth basis. The salary deferral contributions will be deducted from your paycheck at the first payroll period following receipt of Forms 01, 02 and 03.

If you are interested in participating in the Plan, please complete the **enclosed enrollment forms** and return them to <Name>. FCMM's Form 31, which includes a list of investment options, can be obtained from <Name>, or on the FCMM website at www.fcmmbenefits.org/documents. If you would prefer to "opt-out" of making salary deferral contributions at this time, please complete the "opt-out" section at the bottom of this letter and return it to <Name>.

Generally, salary reduction contributions can be made in an amount up to the lesser of 100% of your includible compensation or the maximum amount determined annually by the IRS. Additionally, the plan permits catch-up contributions up to the IRS limit for employees that are age 50 or older in the current year. For specific amounts applicable to the current year, see the FCMM website or the IRS website.

Enrolling today gives you the best chance to meet your retirement income goals. The earlier you enroll, the more you can save. For more information on how to let time work for you, FCMM offers its participants, at no additional charge, investment counseling with their Manager of Advisory Services, Jeff Englin, AIF. He can be reached at jeff.englin@fcmmbenefits.org or (952) 853-1751.

Please be sure to consult with your legal or tax advisor before participating in the 403(b) plan. <Employer name> does not provide tax or legal advice.

Sincerely,

<Name of Employer Representative>

403(b) Opt Out Form - Applying to the YYYY Calendar Year

~Complete this section ONLY if you choose not to participate in the <Employer Name>'s 403(b) Plan~

This form serves as a notice to <Employer Name> that you wish to decline enrollment in the 403(b) plan at this time. Please complete the form, sign it, and return it to <Name>.

By checking this box and signing this form, you acknowledge the following:

- I have read the terms of participation in the <Employer Name>'s 403(b) Plan sponsored by FCMM and I decline enrollment at this time.

Employee Name

Employee Signature

Today's Date