



SISC GASB 45 TRUST CONTRIBUTION FORM

Participating Employer: _____ Employer Identification No (EIN): _____

Date: _____ Contribution Amount: \$ _____

Form of Payment: (____) check (____) wire (____) Other; explain _____

Comments or Special Instructions:

The Plan Administrator or Trustee shall be permitted to rely on the written direction of the Participating Employer. The Participating Employer represents, warrants and understands that any irrevocable contribution shall be made solely for purposes of post-employment Health Insurance benefits as described in the SISC GASB 45 TRUST. The Participating Employer shall indemnify and hold the SISC GASB 45 Trust and Trustee harmless from any use of Trust funds contrary to such purposes. If you have any questions, please call the SISC office at (661) 636-4412.

Contribution Reviewed and Approved by

Participating Employer Authorized Signer:

Name and Title (please print): _____

Signature: _____ Date: _____

Please submit your Contribution Form to the SISC office via fax (661-636-4063), e-mail (mehanson@kern.org or kisloan@kern.org), or mail with your check to the address shown below. Forms are available on the SISC website at: <http://sisc.kern.org>. To expedite the process, employers may also wire funds directly to the Trustee; however you must still submit the Contribution Form to SISC.

Mail Checks to:	SISC GASB 45 TRUST Attn: Finance Department P O Box 1808 Bakersfield, CA 93303-1808
Wire Instructions:	Please e-mail Megan Hanson at mehanson@kern.org for wire instructions.