

Fidelity Investments

Workplace Savings Plan Contribution Form



INSTRUCTIONS

Purpose of This Form. Use this Workplace Savings Plan Contribution Form to direct your employer to deduct money from your paycheck and contribute the money to the retirement plan that you have selected. This form may be used the first time that you make a contribution to a Fidelity account for the plan designated in Section 2. Your employer may have available other Workplace Savings Plan Contribution Forms.

1. PARTICIPANT INFORMATION

Please complete this section with the requested information.

2. EMPLOYER AND PLAN

In Section 2, select the retirement plan that applies to this form. If you are providing direction to your employer for two or more Workplace Savings Plans, complete a separate form for each plan.

3. TYPES OF CONTRIBUTIONS

In Section 3, provide directions on the amount of money to be taken from each paycheck. This form provides for many types of contributions, and you will need to select the type of contribution allowed by the plan designated in Section 2.

- A. Salary Deferral Contributions are pretax contributions.
- B. Roth Contributions are after-tax contributions.
- C. After-tax Contributions are after-tax contributions that are not Roth Contributions.
- D. 403(b) Lifetime Catch-up Contributions—Salary Deferral Contribution may apply only to 403(b) plans for employees who have at least 15 years of service with the employer named in Section 2 and whose average salary deferral and Roth contribution is less than \$5,000.
- E. 403(b) Lifetime Catch-up Contributions—Roth Contribution may apply only to 403(b) plans for employees who have at least 15 years of service with the employer named in Section 2 and whose average salary deferral and Roth contribution is less than \$5,000.
- F. Age 50 Catch-up Contributions—Salary Deferral Contribution may apply if you will be age 50 by the end of the calendar year.
- G. Age 50 Catch-up Contributions—Roth Contribution may apply if you will be age 50 by the end of the calendar year.
- H. 457(b) Special Catch-up Contributions apply if you are within three full calendar years of the designated retirement date and you had under-contributed to your 457(b) in prior years.

4. SIGNATURE

Please sign the form after you have completed it.

Delivery of the Form. Deliver the completed form to your Benefits Department, Payroll Department, or Human Resources Department.

Questions? Check with your Benefits Department, Payroll Department, or Human Resources Department. You may also call Fidelity at 1-800-343-0860, Monday through Friday, from 8 a.m. to midnight Eastern time.

Fidelity Investments Institutional Operations Company, Inc.



Fidelity Investments Workplace Savings Plan Contribution Form

1. PARTICIPANT INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #: Employee ID #:

First Name:

Last Name:

Street Address:

Address Line 2:

City: State:

ZIP: Date of Birth:

Daytime Phone: Evening Phone:

E-mail:

2. EMPLOYER AND PLAN

Name of Employer/Site/Division:

Type of Plan (select one): 401(k) 403(b) 457(b) Profit Sharing Plan Money Purchase Plan

3. TYPES OF CONTRIBUTIONS

TYPE OF CONTRIBUTION	AMOUNT EACH PAYCHECK
A. Salary Deferral Contribution	\$ _____ or _____ %
B. Roth Contribution	\$ _____ or _____ %
C. After-tax Contribution	\$ _____ or _____ %
D. 403(b) Plan Lifetime Catch-up Contribution—Salary Deferral Contribution	\$ _____ or _____ %
E. 403(b) Plan Lifetime Catch-up Contribution—Roth Contribution	\$ _____ or _____ %
F. Age 50 Catch-up Contribution—Salary Deferral Contribution	\$ _____ or _____ %
G. Age 50 Catch-up Contribution—Roth Contribution	\$ _____ or _____ %
H. 457(b) Special Catch-up Contribution	\$ _____ or _____ %

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4. SIGNATURE

Direction to my Employer:

1. I direct my employer to deduct from my eligible compensation (wages or salary) the amount that I have selected in Section 3.
2. I direct my employer to transmit my deductions to the investment provider or providers that I have selected for the Workplace Savings Plan selected in Section 2.

I acknowledge the following:

1. I understand that my selection must be allowed under the Workplace Savings Plan that I selected in Section 2 above.
2. I also understand that the federal tax law imposes certain limits on my deductions and that my employer has the right to limit my deduction to comply with federal law.
3. I understand that my deductions will begin under the rules of my Workplace Savings Plan and the Payroll Department procedures of my employer.
4. I understand that I may change or stop my deductions under the rules of my Workplace Savings Plan and the Payroll Department procedures of my employer.
5. I understand that I am responsible for reviewing my paycheck to ensure that my deduction is correctly being withdrawn from my paycheck.

I have reviewed the material regarding the contribution available for the plan selected in Section 2 and have reviewed my selection above. I understand that my direction is not effective until my employer approves this form.

Employee Signature:

Date:

For Employer Use Only:

Form Reviewed By:

Date:

Action: Approved

Not Approved

If not approved, reason: _____

