

# Fidelity Investments Salary Reduction Agreement Form 401(k) or 403(b) Plan

**Instructions:** Use this form if you wish to direct your employer to reduce your compensation and direct this compensation to become an elective deferral under your employer's plan or if you want to change your existing Salary Reduction Agreement. This Agreement is between you and your employer. **If you do not have a retirement account with Fidelity, you must also complete a Fidelity Investments Account Application.** You may request these forms from your Benefits Office or by calling Fidelity at 1-800-343-0860. Unless otherwise instructed, please complete this form and return it to your Human Resources Department or Benefits Office. Please retain a copy of this agreement for your records.

**DO NOT RETURN THIS FORM TO FIDELITY INVESTMENTS.**

**Questions?** Call Fidelity Investments at 1-800-343-0860, Monday through Friday from 8:00 A.M. to midnight ET. A Retirement Services Specialist can discuss your retirement savings needs and help you calculate the maximum amount you can contribute to your plan each year.

## 1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

Social Security #:	<input type="text"/>	Date of Birth:	<input type="text"/>
First Name & M.I.:	<input type="text"/>	Last Name:	<input type="text"/>
Street Address:	<input type="text"/>		Apt. No: <input type="text"/>
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Daytime Phone:	<input type="text"/>	Evening Phone:	<input type="text"/>
This is a:	<input type="checkbox"/> New Salary Reduction Agreement <input type="checkbox"/> Change to an existing Salary Reduction Agreement		

## 2. EMPLOYER INFORMATION

Name of Current Employer/Site/Division:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Employer Phone:	<input type="text"/>		

## 3. APPLICABLE ACCOUNT

This authorization shall apply to the account selected below. (choose one only)

401(k)  403(b)

## 4. AGREEMENT

This Agreement is made between the participant named in section 1 ("Participant") and the employer named in section 2 ("Employer").

### Salary Deferral

A. I hereby agree to reduce my eligible compensation (i.e., wages or salary) by \$  or   % each pay period,

effective   -   -     , and my Employer agrees to contribute this amount on my behalf to the investment options I have selected for my account selected in Section 3.

### Catch-Up Deferral

B. I hereby agree to reduce my eligible compensation (i.e., wages or salary) by \$  or   % each pay period,

effective   -   -     , and my Employer agrees to contribute this amount on my behalf to the investment options I have selected for my Account selected in Section 3.

- C. I further understand that I may change the amount of my salary reduction at any time as permitted under the terms of my Employer's plan by filing a written notice of change with my Employer 30 days prior to the date that I wish the change to take effect.
- D. I further understand that I may terminate this Agreement at any time by filing a written notice of termination with my Employer 30 days prior to the date I wish this Agreement to be terminated.
- E. This Agreement may not permit an aggregate amount of salary reduction contributions under the plan which, when added to elective deferrals made on my behalf to certain other plans, such as a 403(b) arrangement, a SIMPLE plan, or 401(k) plan exceeds the limit as may be in effect for the year under (i) Internal Revenue Code ("Code") Section 402(g)(1) or 402(g)(7), if applicable, and (ii) Code Section 414(v), if applicable. I understand that I am responsible for determining that the amount of my salary reduction listed above does not exceed the limits on contributions in this section. I also understand that my Employer will provide to me upon my request any available information from the Employer's records that is necessary to enable me to make these determinations.

## 5. SIGNATURES

The Participant and the Employer hereby agree to this Salary Reduction Agreement.

Participant Signature:

Date:   -   -

Employer Signature:

Date:   -   -

Employer Title:

*Return this form to your Benefits office or Human Resources department.  
Do not return this form to Fidelity Investments.*