

# Fidelity Investments Enrollment Form 457(b) Deferred Compensation Plan

**Opening a new account:** Please complete this enrollment form, and sign it on the back. You will receive written confirmation once your account is established. At that point, you can submit a Salary Reduction Agreement to your employer who can then forward contributions to your account. Please contact your employer or tax advisor to determine your maximum allowable contribution.

**Fees:** Your account may be subject to an annual maintenance and/or recordkeeping fee, which will vary depending on your institution's plan size and processing requirements.

Unless otherwise instructed by your employer, return this form in the postage-paid envelope or to

**Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090.**

**Transferring from an existing plan (if allowed):** If you are transferring assets to Fidelity and as a result establishing a new account, please complete a Transfer Form in addition to this Enrollment Form.

**Rollover contribution (if allowed):** To make a rollover contribution if allowed by your employer, please call to request a Rollover Form and return it with this Enrollment Form and your check.

**Questions?** Call Fidelity Investments at 1-800-343-0860 Monday through Friday from 8:00 a.m. to midnight ET.

## 1. YOUR INFORMATION

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

Social Security #:    -   -     Date of Birth:   -   -

First Name:

Last Name:

Street Address:

Address Line 2:

City:                      State:

Zip:      -

Daytime Phone:    -    -       Evening Phone:    -    -

## 2. YOUR EMPLOYMENT INFORMATION

Name of Current Employer/Site/Division:  Plan Number:

Name of Parent Organization (or related association if applicable):

Address:

City:  State:   Zip:      -

Date of Hire:   -   -     Your Occupation:



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### 3. SELECTION OF INVESTMENT OPTIONS

Please enter the percentage of contributions you wish allocated to the investment options you have selected from among those available under your employer's plan. The allocation must total 100%. Check with your employer as to which options are available for investment under your plan.

I would like all contributions to my plan account invested in the following investment options (please refer to each prospectus for the full name of each fund). If you would like different elections for your contribution sources (e.g., employer, voluntary), and your plan allows you to, you may call Fidelity at **1-800-343-0860** to make those investment elections.

#### Investment Options

Please use whole percentages

Fund Code:

Fund Name:

Percentage:

 % % % %

**Total: = 100%**

### 4. AUTHORIZATION AND SIGNATURES

Individual Authorization: By executing this form

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct
- I acknowledge that I have read the prospectus of any fund in which I invest and agree to the terms
- I understand that my account may be subject to an annual maintenance and recordkeeping fee and that upon the full withdrawal of my account, it may be subject to a liquidation or surrender fee
- I understand that I may designate a beneficiary for my assets accumulated under my employer's 457(b) plan, and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I don't have a surviving spouse, distributions will be made based on the provisions of the plan
- If Fidelity Management Trust Company (FMTC) is the trustee of my employer's plan, I recognize that although FMTC is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my accounts may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC

Your Signature:

X

Date:

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