

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



**Opening a new account:** Please complete this enrollment form, and sign it on the back. Once your account is established, you can submit a Workplace Savings Plan Contribution Form (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.

**Designating beneficiaries:** You can designate beneficiaries by completing a Beneficiary Designation Form and submitting it to Fidelity. 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 457(b) non-governmental plan (if allowed by your employer):** If you are transferring assets to Fidelity and as a result establishing a new 457(b) non-governmental account, please complete a 457(b) Non-Governmental Transfer Form in addition to this Enrollment Form.

**457(b) governmental plan transfer or rollover (if allowed by your employer):** Movement of money between the same plan types, Governmental 457(b) to Governmental 457(b), will be requested as an in-plan transfer. Movement of money between different plan types will be requested as a rollover. Please call to request a Transfer/Rollover/Exchange Form and return it with this Enrollment Form.

**Questions?** For additional assistance, please contact Fidelity Investments at 1-800-343-0860, or for the hearing impaired (TTY), 1-800-259-9743, Monday through Friday, 8:30 a.m. to 8:30 p.m. (except for New York Stock Exchange holidays).

## 1. PARTICIPANT INFORMATION

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

Social Security #:	<input type="text"/>	Date of Birth:	<input type="text"/>
First Name:	<input type="text"/>		
Last Name:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
Address Line 2:	<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"/>
Email:	<input type="text"/>		

## 2. EMPLOYER INFORMATION

Name of Current Employer/Site/Division:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>		
Date of Hire:	<input type="text"/>	Your Occupation:	<input type="text"/>



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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 employer's plan invested in the following investment options (please refer to each prospectus for the full name of each fund):

☐ Please check here if you are selecting more than four investment options.

Investment Options

Please use whole percentages

Fund Code:

Fund Name:

Percentage:



		%
		%
		%
		%
		%
		%
		%
		%
		%

Total = 100%

### 4. AUTHORIZATION AND SIGNATURE

To help the government fight money laundering and the funding of terrorism, federal law requires Fidelity to obtain your name, date of birth, address, and a government-issued ID number before opening your account. In certain circumstances, Fidelity may obtain and verify comparable information for you and any person authorized to make transactions in an account or beneficial owners of certain entities. Further documentation is required for certain entities, such as trusts, estates, corporations, partnerships, and other organizations. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including but not limited to lost opportunities) that may result if your account is restricted or closed.

**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 mutual fund in which I invest and that it is my responsibility to read the prospectus(es) of any fund into which I exchange and agree to the terms.
- **I understand that my account may be subject to an annual maintenance and/or recordkeeping fee.**
- I understand that I may designate a beneficiary for my assets accumulated under the Plan and that if I choose not to designate a beneficiary, 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
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Date:

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