Fidelity Investments

Workplace Savings Plan Contribution Form – 457 Plan

Instructions: Please use this form if you wish your employer to deduct an amount of money from your paycheck to be contributed to your employer's plan. If you do not have a 457 retirement account with Fidelity for this employer, you must also complete a Fidelity Investments 457 Account Application. You may request a copy of this form from your Benefits Office or by calling Fidelity at 1-800-343-0860.

Mailing instructions: Please complete this form and return to your benefits office. Do not return to Fidelity Investments.

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

1. YOUR INFORMATION							
First Name: Image:							
Social Security #: $\square \square \square$							
Daytime Phone:							
Is this a new Workplace Savings Plan Contribution Agreement? Yes No							
2. DEFERRAL AUTHORIZATION							
Pretax Contribution: A. Please deduct from my eligible compensation (i.e. wages or salary) on a pretax basis: \$							
Pretax Catch-up Contribution:							
B. Please deduct from my eligible compensation (i.e. wages or salary) on a pretax basis:							
\$ or % each pay period. My Employer agrees to contribute this amount on my behalf to Fidelity.							
Pretax Maximum Allowable Contribution:							
C. Please deduct from my eligible compensation (i.e. wages or salary) on a pretax basis:							
\$ The maximum allowable contribution for the calendar year.							
D. I understand that I may change the amount of my contribution 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.							
E. I further understand that I may terminate contributions at any time by filing a written notice of termination with my Employer 30 days prior to the date I wish the change to take effect.							
F. This Agreement may not permit an aggregate amount of salary reduction contributions under the plan that will exceed the amount allowable to be deferred under Internal Revenue Code ("Code") Section 457(b)(2) [or, if applicable, such higher limit as may be in effect for the year under Code Section 457(b)(3) or 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. For 457 plans, 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.							
3. SIGNATURES							
I direct my Employer to make contributions on my behalf as requested in Section 2.							
Participant Signature: X Date: M $ -$							

Employer Signature:

Date:	\mathbb{M}	— D	D	Y	Y	Y	Y