

Fidelity Investments Workplace Savings Plan Contribution Form University of Louisville 457 Plan Number 84885

Instructions: Use this Workplace Savings 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 the Employer named below, you must also complete a Fidelity Investments 457 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 form for your records.

DO NOT RETURN THIS FORM TO FIDELITY INVESTMENTS.

Questions? Call Fidelity at 1-800-343-0860, Monday through Friday, 8:00 A.M. to midnight ET.

1. PARTICIPANT 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: --

Is this a new Workplace Savings Plan Contribution Agreement: Yes No

2. EMPLOYER INFORMATION

Name of Current Employer/Site/Division:

Address Line 2:

City: State:

Zip: -

3. CONTRIBUTION

Pretax Contribution:

A. 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 the investment options I have selected.

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 the investment options I have selected.

C. I further 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.

D. 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.

E. 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.

4. SIGNATURES

I direct the Employer to make contributions on my behalf as requested in Section 4.

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.**

