

# 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 #: -- Date of Birth: --

First Name:

Last Name:

Mailing Address:

Address Line 2:

City:  State:

Zip:

Daytime Phone: -- Evening Phone: --

Email:

## 2. EMPLOYER INFORMATION

Name of Current Employer/Site/Division:

Mailing Address:

City:  State:

Zip:

Date of Hire: -- Your Occupation:



