



529 College Savings Plan
Workplace Savings Program

Payroll Direct Deposit Employee Agreement

Use this form to establish or modify your payroll direct deposit agreement with your employer.
Your payroll direct deposit will be an after-tax investment.

Type on screen or print out and fill in using CAPITAL letters and black ink.

1. Employee

Name <i>First, M.I., Last</i>	SSN <i>required</i>

2. Payroll Deduction Agreement

Employee and Employer both agree that the Employer will deduct the following amount each pay period and contribute it to the Employee's 529 College Savings Plan Account.

Amount
\$, .

3. Signatures and Dates *Form cannot be processed without signatures and dates.*

- The payroll direct deposit amount may be modified by the Employee at any time by completing a new Payroll Direct Deposit Employee Form. The Employer shall make any requested modification as soon as it can reasonably be processed. The Employer may terminate this Agreement at any time with respect to amounts not deducted from the Employee's pay at the time of termination.
- I understand that my contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my contribution will continue in effect until I change or revoke it or terminate my employment. Fidelity Investments will not be liable for any loss, liability, cost, or expense incurred as a result of an error made by the Employer's payroll department or processing bank.

Print Employee Name <i>First, M.I., Last</i>	
Employee Signature	Date <i>MM DD YYYY</i>
SIGN ▶	▶

Print Employer Name	
Employer Signature	Date <i>MM DD YYYY</i>
SIGN ▶	▶

Return this form to your employer.

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