



UNIVERSITY SYSTEM OF MARYLAND EMPLOYEES
 Deduction Authorization Form for Enrollment/Change/Cancellation in:
FIDELITY 457(b) Retirement Savings Account
 (Pre-Tax Contributions)

Please print or type all information in BLACK INK for electronic imaging

	:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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paycheck issued on _____, 20__

Agency Code *See check advice/pay stub* Institution Name (Place of Employment)

Social Security Number Employee Name

Important:

Deduction Action Requested	Retirement Savings Deduction Description	CPB Deduction Code	Payroll Cycle
<input type="checkbox"/> Initiate <input type="checkbox"/> Change <input type="checkbox"/> Cancel	FIDELITY 457(b)	70	next available pay period

This authorized amount is to continue until a change is submitted by me to my Institution Benefits Coordinator on a new authorization form.