



Defined Contribution Retirement Plan— 401(k) Salary Reduction Agreement

Use this form to indicate the amount you wish to have withheld from your compensation and contributed as a salary deferral contribution to your account in the Defined Contribution Retirement Plan, or to change or terminate your existing Salary Reduction Agreement.

All participants, including owners, must complete this Agreement. This form should be retained with your plan's records and does not need to be returned to Fidelity.

1. Employee Information

Name <i>First, M.I., Last</i>		Social Security Number	
Street Address			
City	State/Province	ZIP/Postal Code	Employer Name

2. Salary Reduction Election

Subject to the requirements of the Defined Contribution Retirement Plan, of the above-named employer, I authorize the percentage OR dollar amount listed below to be withheld from my pay each pay period and contributed to my Defined Contribution Retirement Plan account as a salary reduction contribution.

Insert percentage. ▶ % **OR** Insert single-sum amount ▶ \$ **OR**

a one-time deferral contribution of \$ as of (Insert date on which you want this amount withheld from your pay.)

I do not want any deferrals withheld from my pay going forward and/or I elect to stop contributions as of

3. Maximum Salary Reduction

I understand that the total amount of my salary reduction contributions in any calendar year cannot exceed the applicable amounts listed below.

Tax Year	Annual Deferral Amount	Annual Catch-up Amount*
2023	\$22,500	\$7,500
2024	\$23,000	\$7,500

*Employees age 50 or older by the end of the calendar year may make additional elective deferral contributions annually.

4. Date Salary Reduction Begins

I understand that my salary reduction contributions will start as soon as permitted under the Defined Contribution Retirement Plan and as soon as administratively feasible. Or, if I prefer later, I choose the following date for my salary reductions to begin.

This date must be on or after the date you sign this Agreement.

5. Duration of Election

By signing below, I:

Understand this Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain an Eligible Employee under the Defined Contribution Retirement Plan, until I provide a request to end my salary reduction contributions, or until I provide a new Salary Reduction Agreement.

PRINT EMPLOYEE NAME	
EMPLOYEE SIGNATURE	DATE MM/DD/YYYY
SIGN X	X