



UNIVERSITY SYSTEM OF MARYLAND EMPLOYEES

Deduction Authorization Form for Enrollment/Change/Cancellation in: FIDELITY INVESTMENTS 403(b) Supplemental Retirement Plan (SRA)

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

Payroll System – Check One: Regular Contract University of Maryland

Human Resources/Payroll Agency Code

(See your pay stub for this information) Institution Name (Place of Employment)

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Social Security Number

Employee Name

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Important Notes: This form is used to establish or change the employee's elected contribution amount for biweekly deductions. This form is valid only when signed by both the employee and the Institution Benefits Coordinator.

Deduction Action Requested	Name of SRA Plan	CPB Deduction Code	Payroll Cycle
<input type="checkbox"/> Initiate	FDLTY 403(b)	68	Deduction will begin on the next available pay period upon receipt of this form at the State Central Payroll Bureau.
<input type="checkbox"/> Change	Employee Total Biweekly Deduction Amount		
<input type="checkbox"/> Cancel	Current Amount	\$	
	New Amount	\$	

Effective upon receipt at the State Central Payroll Bureau, I authorize the State of Maryland to deduct from my salary the above amount and forward it to the company listed. This authorized amount is to continue until a change is submitted by me to my Institution Benefits Coordinator on a new authorization form. Timing for the application of this action is dependent upon when it is received by the State Central Payroll Bureau.

Employee's Signature _____

Date _____

Place of Employment _____

(In the case of an initial enrollment, my signature below assures that I have forwarded an employee-signed 403(b) enrollment form to the FIDELITY INVST vendor, prior to this form being submitted to the UM System Payroll/Central Payroll Bureau. Upon receipt of the form, the vendor shall notify the Benefits Coordinator immediately via FAX.)

Benefits Coordinator's Signature _____

Date _____

Benefits Coordinator's Phone Number _____