



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	<b>FIDELITY 457(b)</b>	<b>70</b>	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.