

✓ Use this form to notify FPPA of any address changes and/or to change your deferral contribution amount with your Payroll Administrator.

This form reflects information for  a new account, or  changes to my existing account.

**A. PERSONAL INFORMATION - Please print or type.**

SOCIAL SECURITY NUMBER	BIRTH DATE			EMPLOYER
	MONTH	DAY	YEAR	
FIRST NAME	MIDDLE INITIAL	LAST NAME		
STREET ADDRESS				HOME PHONE (     )     -
CITY	STATE	ZIP CODE	WORK PHONE (     )     -	

**B. CONTRIBUTION INFORMATION - Participant tax deferral contribution is effective with next pay period.**

**Member Contribution Information** (#1 - 4: make only ONE choice / #5: may be in addition to that choice.)

- \_\_\_\_\_ % of my current year's annual compensation. Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_. (Voluntary Contribution)
- \$\_\_\_\_\_ per pay period. Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_. (Voluntary Contribution)
- A one-time lump sum deferral of \$\_\_\_\_\_ from my pay period of \_\_\_\_/\_\_\_\_/\_\_\_\_. (Voluntary Contribution)
- I suspend my voluntary contributions to the Plan. Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Automatic member contribution required by employer. \_\_\_\_\_% (Not to include the employer contribution %.)

**MEMBER INSTRUCTIONS**

- ✓ Please complete the following:
- **Section A**, the *Personal Information*, and
  - **Section B**, the *Contribution Information*, then
  - **sign your name below**, keep a photo copy for your records and forward the original form to your payroll department.

✓ If you are a new participant, you will receive instructions from Fidelity Investments® to allocate your account balances and designate your beneficiary.

I hereby authorize my employer and FPPA to make the changes I have requested above in accordance with Plan rules.

Your Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMPLOYER INSTRUCTIONS**

✓ Please sign this form, retain a copy for your files and then forward the original to FPPA prior to the first payroll deduction.

This deferral form was received by me on the date indicated below.

Received by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_