The Fidelity Retirement Plan Self-Employed 401(k) Contribution Remittance Form

Please save a blank copy of this form for future use.

This form must be used to submit contribution deposits to your **Fidelity Retirement Plan.** Indicate below how to allocate contributions for each plan participant to the applicable contributing sources: 401(k) and Profit Sharing Contributions. Checks should be made payable to Fidelity Management Trust Company. Contributions will be deposited in each participant's core account, Fidelity Cash Reserves.

Please mail this form with your check to: Fidelity Investments • PO Box 5000 • Cincinnati, OH • 45277-8008, and keep a copy for your records.

Important notes: It is your responsibility to separately account for each of the two different contribution types to ensure that applicable annual limits are not exceeded. Refer to the applicable contribution limits as outlined below. Please keep a copy of your completed contribution remittance forms for your recordkeeping purposes.

1 Employer Information

Plan Administrator (i.e., Contact Person)

Employer Name (i.e., Business Name)

Employer Address

City State Zip/Postal Code –

Employer Taxpayer ID Number –

Business (Daytime) Phone – – Ext

2 Contribution Information

Please refer to the following contribution limits when considering your contribution:

2005: $14,000 or $18,000 if age 50 or older

2006: $15,000 or $20,000 if age 50 or older

Employee Name	Fidelity Account Number	*Employee* 401(k) Contribution		*Employer* Profit Sharing Contribution (CCR)	Total Contribution
		Current Year (CYP)	Prior Year (PYP)		
		$	$	$	$
				TOTAL	$

3 Authorization

I understand that I am required to comply with applicable contribution limits and deadlines. By signing this form, I hereby authorize Fidelity Brokerage Services LLC ("Fidelity") to deposit the dollar amounts to the designated account(s), as instructed above. I understand it is my responsibility to allocate contributions to the appropriate employee and contribution source correctly. Failure to clearly designate a contribution type may result in the entire check being returned to me for further instructions, for which Fidelity will not be responsible for delay(s) in contributions. I agree to fully indemnify and hold Fidelity and its affiliates harmless for any liability that may arise from Fidelity acting upon my instructions.

Signature of Plan Administrator or Employer

Date

Clear Form

Fidelity Brokerage Services LLC, Member NYSE, SIPC

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