

The Fidelity Retirement Plan

401(k) Salary Reduction Agreement Form

Keep this form with your plan's records. Do not send to Fidelity Investments.

All participants, including owners must complete this Agreement. Please save a blank copy of this form for future use. 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 Fidelity Retirement Plan, or if you want to change or terminate your existing Salary Reduction Agreement.

1 EMPLOYEE INFORMATION

Name

Street Address

City State Zip

Social Security Number

3 SIGNATURE

This Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain eligible to participate under the Fidelity Retirement Plan or until I complete a new Salary Reduction Agreement.

SIGNATURE OF EMPLOYEE Date

X

2 SALARY REDUCTION ELECTION

- I authorize the following amount or percentage to be withheld from my pay for each pay period and contributed to my Fidelity Retirement Plan account as a salary reduction contribution:
 - a) _____% of my pay, or
 - b) \$_____ per pay period, or
 - c) A one time deferral contribution of \$_____ as of _____.
 (Insert date that you want this amount withheld from your pay.)

- I elect to stop contributing as of _____.
- I understand that the total amount of my salary reduction contributions cannot exceed the allowable limit:

For 2002: \$11,000, or \$12,000 if age 50 or older
For 2003: \$12,000, or \$14,000 if age 50 or older