UNIVERSITY SYSTEM of MARYLAND

UNIVERSITY SYSTEM OF MARYLAND EMPLOYEES

Deduction Authorization Form for Enrollment/Change/Cancellation in:

FIDELITY 403(b) Retirement Savings Account

(Pre-Tax Contributions)

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

Payroll System – Check One: ☐ Regular ☐ Contract ☒ University of Maryland

I am requesting this salary reduction to begin with the **paycheck issued on _____, 20___**. I understand that the deduction will begin on the next available pay period upon receipt of this form at the State Central Payroll Bureau.

Agency Code (*See check advice/pay stub*)

3	6	0	2	2	2

Institution Name (Place of Employment)

University of Maryland College Park

Social Security Number

Employee Name

Important: 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	Retirement Savings Deduction Description	CPB Deduction Code	Payroll Cycle
☐ Initiate ☐ Change ☐ Cancel	**FIDELITY 403(b)**	**68**	Deduction will begin on the **next available pay period** upon receipt of this form at the State Central Payroll Bureau.
	Employee Total Biweekly Deduction Amount		
	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. In the case of an initial enrollment, upon receipt of the funds, the vendor shall establish an account with a LifeCycle/Targeted Retirement Date Fund. I understand that it is my responsibility to consult with the vendor on Internal Revenue Code (IRC) regulations contribution limitations. By signing this form, I am giving the University System of Maryland my authority to release employment information to the company selected above for the purposes of monitoring compliance of my account(s) with Internal Revenue Code (IRC) regulations. The amount deducted may not exceed IRC maximums.

_____ _____ _____

Employee's Signature | Date | Email Address

_____ _____ _____

USM Benefits Coordinator's Signature | Date | Benefit Coordinator's Phone Number