



# 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.

**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. Please keep a copy of your completed contribution remittance forms for your recordkeeping purposes.



Advisor Name

G Number

## 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



## Contribution Information

Employee Name	Fidelity Account Number	Employee 401(k) Contribution		Employer Profit Sharing Contribution (CCR)	Total Contribution
		Current Year (CYP)	Prior Year (PYP)		
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>TOTAL \$</b>					

## 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.

**X** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Signature of Plan Administrator or Employer      Date (MM/DD/YYYY)      Print Name