



Salary Reduction Agreement

Use this form to direct your Employer to defer part of your compensation to your company's SIMPLE IRA Plan or to change your existing Salary Reduction Agreement. See your SIMPLE IRA Plan Summary Description to determine when changes may be made to an existing Salary Reduction Agreement.

DO NOT mail this form back to Fidelity. Complete and retain a copy of this form for your records and return this form to the place or individual designated by your Employer.

1. Employee Information

Name <i>First, M.I., Last</i>		SSN	
Street Address			Apartment
City	State	Zip/Postal Code	
Name of Employer <i>Company</i>			

2. Salary Reduction Election

Subject to the requirements of the SIMPLE IRA Plan of the above-named Employer, I authorize

Percentage	Amount
_____%	\$ _____.

of my salary, or to be withheld from my pay for each pay period and contributed to my SIMPLE IRA as a salary reduction contribution.

I have read and understood the SIMPLE IRA Plan Summary Description and Appendix (if applicable) provided to me by my Employer.

3. Maximum Salary Reduction

If I will be under age 50 by the end of the relevant year, I understand that the total amount of my salary reduction contributions cannot exceed \$17,000* for 2026.

If I will be age 50 or over by the end of the relevant year, I understand that the total amount of my salary reduction contributions cannot exceed \$21,000* for 2026.

*These amounts may be adjusted to reflect any annual cost-of-living increases announced by the IRS.

4. Date Salary Reduction Begins

Fill in the date you want the salary reduction contributions to begin; the date must be after the date you sign this Agreement.

I understand that my salary reduction contributions will start as soon as permitted under the SIMPLE IRA Plan and as soon as administratively feasible or, if later,

Date <i>MM DD YYYY</i>

5. Duration of Election

I understand that this Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain an Eligible Employee under the SIMPLE IRA Plan or until I provide my Employer with a request to end my salary reduction contributions or provide a new Salary Reduction Agreement as permitted under my Employer's SIMPLE IRA Plan.

Employee Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶



Sample Notice to Eligible Employees

Dear Employee:

Our company offers a SIMPLE IRA Plan as a retirement benefit. Upon opening a SIMPLE IRA in your name, you are eligible to make salary reduction contributions and receive company contributions as described below. This Notice and the Summary Description (and Appendix, if applicable) provide you with information that you should consider before you decide whether to start, continue, or change your Salary Reduction Agreement.

Company Contribution

One of the features of a SIMPLE IRA Plan is that the Plan is funded by both employee and company contributions. For the _____ calendar year the company has elected to contribute to your SIMPLE IRA (Employer must select either A, B, or C):

- A.** a matching contribution equal to your salary reduction contributions up to a limit of 3% of your compensation for the year.
- B.** a matching contribution equal to your salary reduction contributions up to a limit of ____% (Employer must insert a number from 1–3 and is subject to certain restrictions) of your compensation for the year.
- C.** a nonelective contribution equal to 2% of your compensation for the next year (eligible compensation limited to \$360,000 for 2026) if you are an employee who makes at least \$_____ (Employer must insert an amount that is \$5,000 or less) in compensation for the year.

How to Enroll

If you decide to start or change your Salary Reduction Agreement, you must complete the Salary Reduction Agreement and return it to:

_____ (Employer should designate a place or an individual.)

by _____ (Employer should insert a date that is no less than 60 days after notice is given.)

Sincerely,

SAMPLE