

Designated Brokerage Services Authorization Form

Use this form to authorize Fidelity Brokerage Services LLC to send account level activity and transaction detail ("Account Data") electronically to your employer ("Interested Party"). Return this form to your compliance department in order for them to submit to Fidelity. Type on screen or print out and fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

vide the name of the on who is required to	Name of Employee Required		
accounts monitored.		,	
Z. Account	Owner Information #		
	Account Owner Name	Account Own	er Name
3. Account	Information		
	Provide the account numbers for who place sponsored accounts [401(k), 4		on to be sent to this employer. Note that worl
If selected, provide	All My Accounts		
at least one account imber for identifica- tion purposes	Account Number	Account Number	Account Number
	Account Number	Account Number	Account Number
4. Intereste	d Party Information		
	Company Name		
	Compliance Contact Name		
	Contact Email Address		Contact Phone Number
5. Authoriza	ation and Signatures		
	f the box next to "All My Accounts" ir	n Section 3 is checked, I authorize out limitation Individual, Joint, Trus	e Interested Party identified in Section 4 or it Fidelity to provide Account Data on all Fide sts, or Custodial Accounts, or Traditional, Ro
designåted affiliate. If accounts on which I a	ne Interested Party or its designated a	iffiliate.	

Did you sign the form? Return this form to your compliance department in order for them to submit to Fidelity.

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 569775.4.0 (07/19)

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SIGN