

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.

1. Employee Information

Provide the name of the person who is required to have accounts monitored.

Name of Employee *Required*

ABHINAV SINGHAL

2. Account Owner Information *If different from employee*

Account Owner Name

Account Owner Name

3. Account Information

Provide the account numbers for which you are authorizing information to be sent to this employer. Note that work-place sponsored accounts [401(k), 403(b)] should not be included.

If selected, provide at least one account number for identification purposes

☒ All My Accounts

Account Number

2 3 8 0 7 6 8 7 3

Account Number

Account Number

Account Number

Account Number

Account Number

4. Interested Party Information

Company Name

MOODY'S CORPORATION

Compliance Contact Name

EDWARD MOORE

Contact Email Address

Contact Phone Number

5. Authorization and Signatures

I hereby authorize Fidelity to provide Account Data on the accounts listed in Section 3 to the Interested Party identified in Section 4 or its designated affiliate. If the box next to "All My Accounts" in Section 3 is checked, I authorize Fidelity to provide Account Data on all Fidelity accounts on which I am a registered owner (including without limitation Individual, Joint, Trusts, or Custodial Accounts, or Traditional, Roth, or Rollover IRAs) to the Interested Party or its designated affiliate.

For joint accounts only one account owner signature is required. For individual accounts, the account owner's signature is required.

Print Owner/Trustee/Authorized Individual Name

ABHINAV SINGHAL

Owner/Trustee/Authorized Individual Signature Date MM-DD-YYYY

SIGN

X  X

Print Owner/Trustee/Authorized Individual Name

Owner/Trustee/Authorized Individual Signature Date MM-DD-YYYY

SIGN

X X

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)