

Fidelity Investments Enrollment Form 403(b)(7) Group Custodial Account

Opening a new Account: Please complete this enrollment form, including the beneficiary designation, and sign it on the back. You will receive written confirmation once your account is established. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity. At that point, you can submit a Salary Reduction Agreement to your employer who can then forward contributions to your account. Please contact Fidelity, your employer, or your tax advisor to determine your maximum allowable contribution.

Please note: If you have more than one 403(b) account, please submit a separate form for each account.

Fees: Your account may be subject to an annual maintenance and/or recordkeeping fee, which will vary depending on your institution's plan size and processing requirements.

Transferring from an existing plan (if allowed): If you are transferring assets to Fidelity and as a result establishing a new account, please complete a Transfer Form in addition to this form.

Rollover contribution (if allowed): To make a rollover contribution if allowed by your employer, please call Fidelity to request a Rollover Form and return it with this form and your check.

Unless otherwise instructed by your employer, return this form in the postage-paid envelope or to:

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090.

Questions: Call Fidelity Investments at **1-800-343-0860**, Monday through Friday from 8:00 A.M. - midnight, ET.

1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

Social Security #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name & M.I.:	<input type="text"/>	<input type="text"/>	Last Name:	<input type="text"/>						
Date of Birth :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address:	<input type="text"/>							Apt. No:	<input type="text"/>	
City:	<input type="text"/>			State:	<input type="text"/>	<input type="text"/>	Zip:	<input type="text"/>	<input type="text"/>	
Daytime Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Evening Phone:	<input type="text"/>	<input type="text"/>	

2. YOUR EMPLOYMENT INFORMATION

Name of Current Employer/Site/Division:	<input type="text"/>								
Name of Parent Organization (or related association if applicable):	<input type="text"/>								
Address:	<input type="text"/>								
City:	<input type="text"/>			State:	<input type="text"/>	<input type="text"/>	Zip:	<input type="text"/>	<input type="text"/>
Date of Hire:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Your Occupation:	<input type="text"/>	

Please keep form intact. Do not tear.



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3. SELECTION OF INVESTMENT OPTIONS

Please enter the percentage of contributions you wish allocated to the investment options you have selected from among those available under your 403(b) plan. The allocation must total 100%. Check with your employer as to which options are available for investment under your plan.

I would like all contributions to my 403(b) account invested in the following investment options (*please refer to each prospectus for the full name of each fund*). If you would like different elections for your contribution sources (e.g., employer, voluntary), and your plan allows you to, you may call Fidelity at **1-800-343-0860** to make those investment elections.

Investment Options

Please use whole percentages

Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%

Total: = 100%

4. DESIGNATING YOUR BENEFICIARY(IES)

I am: ☐ Single ☐ Married

If you are married and your plan is subject to the Employee Retirement Income Security Act (ERISA) (i.e., your employer is not a government unit or church and makes contributions) and you do not designate that your spouse receive an amount equal to at least 50% (or a higher percentage, if so provided under your employer's plan) of your vested account balance in the form of a pre-retirement survivor annuity, then your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan. Please check with your employer about the spousal consent and any additional beneficiary requirements specific to your plan.

If you are married and if you are under 35 years of age and your plan is subject to ERISA and you do not designate your spouse as your primary beneficiary for at least 50% (or a higher percentage, if so provided under your employer's plan) of your vested account balance in the form of a pre-retirement survivor annuity, this beneficiary designation becomes null and void on (a) the first day of the plan year in which you reach age 35; or (b) the date of separation from service, whichever comes first, and your spouse must complete a new spousal consent.

You are not limited to four primary and four contingent beneficiaries. To assign additional beneficiaries, please attach, sign, and date a separate piece of paper.

When designating beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name and address, the date the trust was created, and the trustee's name.

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my 403(b)(7) account upon my death.

- If more than one person is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

Contingent Beneficiary(ies)

- Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

5. SPOUSAL CONSENT

This section does not need to be completed if you are single, your spouse is your primary beneficiary for at least 50% of your account balance (or a higher percentage, as described in section 4), or your plan is not subject to ERISA, as described in section 4.

I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me; (2) such beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

I acknowledge that if my consent to such beneficiary is obtained before the first day of the plan year in which my spouse reaches age 35, or the date my spouse separates from service, if earlier, such consent will become ineffective as of (a) the first day of the plan year in which my spouse reaches age 35; or (b) the date my spouse separates from service, whichever comes first.

I further acknowledge that if my consent become ineffective due to the above described rule, I understand that I must complete a new spousal consent in order for such beneficiary to become effective.

Signature of Participant's Spouse:

X

Date:

MM-DD-YYYY

Witness:

X

Date:

MM-DD-YYYY

To be completed by a notary public or representative of the plan (if provided for under the terms of your employer's plan and agreed to in writing by the Custodian):

Sworn before me this day MM-DD-YYYY In the State of , County of

Notary Public (provide notary stamp):

X

6. AUTHORIZATION AND SIGNATURE

Individual Authorization: By executing this form:

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct;
- I understand that my employer and Fidelity Management Trust Company have executed a Fidelity Investments Section 403(b)(7) Group Custodial Account Agreement ("Program") and that an account under the Program has been established on my behalf;
- I acknowledge that I have read the prospectus of any mutual fund in which I invest and agree to the terms;
- **I understand that my account may be subject to an annual maintenance and/or recordkeeping fee;**
- I understand that I may designate a beneficiary for my assets accumulated under the Program and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, distributions will be made based on the provisions of my employer's 403(b) plan;
- I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver another completed and signed Beneficiary Designation Form to Fidelity at a later date;
- I am aware that the beneficiary information provided herein shall apply to my account(s) under the 403(b) Plan listed in Section 1 for which Fidelity Management Trust Company (or its affiliate and/or any successor appointed pursuant to the terms of such 403(b) Account, as applicable) acts as custodian, and shall replace all previous designations I have made on my 403(b)(7) account(s) under the plan; and
- I recognize that although Fidelity Management Trust Company is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my 403(b)(7) account may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC.

Your Signature:

X

Date:

MM-DD-YYYY



Please be sure to sign.