

Fidelity Investments

403(b) Beneficiary Designation Form

Instructions: Please complete and sign this form if you are opening a new account and want to designate a beneficiary or if you want to change your beneficiary designation on your existing account. In the future, you may revoke this form and designate a different beneficiary by completing and delivering another Beneficiary Designation Form to Fidelity. Please note: If you have more than one 403(b) account, please complete a Beneficiary Designation Form for each account.

Unless otherwise instructed by your employer, please complete and return this form in the postage-paid envelope *or* mail to:

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

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

1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

Social Security #:	<input type="text"/>	Date of Birth:	<input type="text"/>
First Name:	<input type="text"/>		
Last Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>		
Daytime Phone:	<input type="text"/>	Evening Phone:	<input type="text"/>
Name of Employer Sponsoring the Plan:	<input type="text"/>		Plan Number: <input type="text"/>
Parent Organization (or related association if applicable):	<input type="text"/>		

2. DESIGNATING YOUR BENEFICIARY(IES)

I am: ☐ Single **OR** ☐ 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 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, 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 spousal consent and any additional beneficiary requirements specific to your plan.

If your plan is subject to ERISA or other spousal consent requirements, and you are married and under 35 years of age and you do not designate your spouse as your primary beneficiary for at least 50% of your account balance (or higher percentage, if so provided under your employer's plan), 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 you separate from service, whichever comes first, and your spouse must complete a spousal consent on a new Beneficiary Designation Form.

You are not limited to four primary and four contingent beneficiaries. To designate additional beneficiaries, please attach, date, and sign 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 trust date.



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☐ Please check here if you have more than four primary beneficiaries and/or more than four contingent beneficiaries.

Primary Beneficiary(ies)

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

1. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
☐ Spouse **OR** ☐ Trust **OR** ☐ Other
2. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
☐ Spouse **OR** ☐ Trust **OR** ☐ Other
3. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
☐ Spouse **OR** ☐ Trust **OR** ☐ Other
4. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
☐ Spouse **OR** ☐ Trust **OR** ☐ Other **100** %

Unless otherwise specified by your plan, 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 survive(s) me. If a percentage is indicated and a primary beneficiary(ies) do(es) not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

If there is no primary beneficiary(ies) living at the time of my death, I hereby specify that the value of my 403(b) account is to be distributed to my contingent beneficiary(ies) listed below.

Contingent Beneficiary(ies)

1. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
☐ Spouse **OR** ☐ Trust **OR** ☐ Other
2. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
☐ Spouse **OR** ☐ Trust **OR** ☐ Other
3. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
☐ Spouse **OR** ☐ Trust **OR** ☐ Other
4. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
☐ Spouse **OR** ☐ Trust **OR** ☐ Other **100** %

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

3. 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 am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver to Fidelity another completed and signed Beneficiary Designation Form with a later date;
- I understand that I may designate a beneficiary for my assets accumulated under the Plan 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, my estate, unless my employer's plan provides otherwise;
- I am aware that the beneficiary information provided herein shall apply to all of my account(s) under the 403(b) Plan listed in Section 1 for which Fidelity Management Trust Company (or its affiliates and/or any successor appointed pursuant to the terms of such 403(b) Account(s) as applicable) acts as custodian, and shall replace all previous designation(s) I have made on my 403(b) accounts under the Plan.

Your Signature:

Date:



Please be sure to sign.

4. SPOUSAL CONSENT

Note to Participant:

If you are married and your account is subject to 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 the amount payable in the form of a joint and 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.

Spousal Consent:

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) the beneficiary designation is not valid unless I hereby consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation(s).

I acknowledge, if my spouse is currently under 35 years of age and this beneficiary designation therefore becomes ineffective on (a) the first day of the plan year in which he/she reaches age 35 or (b) the date of separation from service, whichever comes first, that I must complete a new spousal consent in order for such beneficiary designation to be reinstated.

Signature of participant's spouse:

Date:

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

Sworn before me this day

In the State of

, County of

Notary Public (provide notary stamp):

My Commission Expires

Notary Seal:

Plan authorized signature:

Plan Signature Name and title:

