Northeastern University 403(b) Group Custodial Enrollment Form and Beneficiary Designation

1. GENERAL INSTRUCTIONS

Opening a new account: Please complete this form and sign it on the back. Once your account is established, you can submit a Workplace Savings Plan Contribution Form (Salary Reduction Agreement) to your employer who can then forward contributions to your account. Please contact Fidelity, your employer, or tax advisor to determine your maximum allowable contribution.

Moving assets from an existing plan: To make a transfer or rollover contribution, please complete the enclosed transfer/rollover form. If a form was not included within your enrollment kit, please call to request a form.

Fees: Your account may be subject to an annual maintenance and/or recordkeeping fee.

Mailing instructions: Please complete this Fidelity Enrollment form along with the Northeastern Salary Reduction Agreement and return both forms to **HRM/Benefits at 716 Columbus Avenue, Suite 250, Boston, MA 02120.**

Questions? Call Fidelity Investments at **1-800-343-0860** Monday through Friday from 8:00 A.M. to midnight ET, or visit us at www.fidelity.com/atwork.

2. SELECTION OF INVESTMENT OPTIONS

In **whole percentages** please indicate how you wish to have your contributions allocated to the investment options you have selected. Check with your employer as to which options are available for investment under your plan. Please select investment options that are available under your plan and ensure your allocations total 100%.

If you would like to select more than four investment options, please write the fund code, fund name, and allocation percentage on a separate sheet of paper and attach it to your account application. The fund code can be found on the front side of each prospectus.

If you do not complete Section 2 correctly all or a portion of your contributions may be deposited in a default fund as determined by the 403(b) Custodial Account Agreement or by rules determined by the employer.

3. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to two primary and two contingent beneficiaries. To assign additional beneficiaries, please attach, sign, and date a separate piece of paper. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation form to Fidelity.

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, trust address, the date the trust was created, and the trustee's name.

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

4. SPOUSAL CONSENT

Spousal Consent: If you are married, your plan requires that you designate your spouse as primary beneficiary for at least 50% of your vested account balance, payable in the form of a preretirement survivor annuity. If you are married and you do not designate your spouse as your primary beneficiary for your account balances as described above, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan.

Age 35 Requirement: Your spouse must be the primary beneficiary of your account as described above unless your spouse consents to a different primary beneficiary. If this designation occurs prior to the first day of the plan year in which you attain age 35, this designation is void on the earlier of (a) the first day of the plan year in which you attain age 35, or (b) the date of separation from service. When this designation is voided, your spouse will become the beneficiary for the amount described above. If you wish to designate a different primary beneficiary at that time you will need to complete a new Beneficiary Designation form.

5. AUTHORIZATION

Please provide your signature.

Fidelity Investments Institutional Operations Company, Inc.

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			1.	YOUR IN	IFORMATION						
Please use a black pe	en and print	clearly in C	APITAL	LETTERS.							
Social Security #:					Date of Birth:						
First Name:											
Last Name:											
Mailing Address:											
Address Line 2:											
City:									State:		
Zip:											
Daytime Phone:					Evening Phone:						
E-mail:											
Name of Employer:	Northeas	tern Unive	ersity		City/State of Employe	r: B	oston,	MA			
Plan Number (if known):	8 9 9	4 8									
I am: Sin	gle OR	N	Married	Name of S	site/Division:						
		2. SEI	LECTIO	ON OF I	NVESTMENT OPT	ΙΟΝ	IS				
Please chec	ck here if	you are se	electing	more tha	n four investment op	ption	ıs.				
Investment Option	ns						Ple	ase us	e whole	percen	tages
Fund Code:		Fund Nam	ne:						Perce	ntage:	
											%
											%
											%
											%
											,0

Total = 100%

Shareholders may be subject to certain short-term trading fees. Please consult the prospectus for further information.

Primary B	eneficiary(ies)			
I hereby designation land upon my		d below as primar	y beneficiary(ies) to receive payment of the value of my acc	ount(s) under th
1. Individual:		OR	Trust Name:	
Social Secu	urity Number:	OR	Tax ID Number:	Percentage:
Date of Bir	th or Trust Date:		Relationship to Applicant: Spouse OR Trust OR Other	
2. Individual:		OR	Trust Name:	
Social Secu	urity Number:	OR	Tax ID Number:	Percentage:
Date of Bir	th or Trust Date:		Relationship to Applicant:	
			Relationship to Applicant: Spouse OR Trust OR Other	Total = 100%
Continger If there is no p	nt Beneficiary(ies primary beneficiary(ies) lent beneficiary(ies) listed	iving at the time o		to be distributed
Continger If there is no p to my continger 1. Individual:	nt Beneficiary(ies primary beneficiary(ies) lent beneficiary(ies) listed	iving at the time o l below. Please nc	Spouse OR Trust OR Other of my death, I hereby specify that the value of my account is ote: Your primary beneficiary cannot be your contingent be	to be distributed neficiary. Percentage:
Continger If there is no p to my continger 1. Individual: Social Secur	nt Beneficiary(ies primary beneficiary(ies) lent beneficiary(ies) listed	iving at the time o l below. Please no OR	Spouse OR Trust OR Other f my death, I hereby specify that the value of my account is ote: Your primary beneficiary cannot be your contingent be Trust Name:	to be distributed neficiary. Percentage:
Continger If there is no p to my continger 1. Individual: Social Secur	ort Beneficiary(ies) lent beneficiary(ies) lent beneficiary(ies) listed arity Number:	iving at the time o l below. Please no OR	Spouse OR Trust OR Other f my death, I hereby specify that the value of my account is ote: Your primary beneficiary cannot be your contingent be Trust Name: Tax ID Number: Relationship to Applicant:	to be distributed neficiary. Percentage:
Continger If there is no p to my continger 1. Individual: Social Secur Date of Bir 2. Individual:	ort Beneficiary(ies) lent beneficiary(ies) lent beneficiary(ies) listed arity Number:	iving at the time of l below. Please no OR OR	Spouse OR Trust OR Other If my death, I hereby specify that the value of my account is ote: Your primary beneficiary cannot be your contingent be Trust Name: Tax ID Number: Relationship to Applicant: Spouse OR Trust OR Other	to be distributed neficiary.

3. DESIGNATING YOUR BENEFICIARY(IES)

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4. SPOUSAL CONSENT

As the spouse of the participant named above I understand that I am entitled to a death benefit if the participant dies. By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death; (2) that my spouse's waiver is not valid unless I consent to it; (3) that my consent is voluntary, (4) that my consent is irrevocable unless my spouse completes a new Beneficiary Designation; and (5) that my consent (signature) must be witnessed by a notary public or a representative of the Plan.

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant turns 35 that my rights to receive the death benefit as determined by the retirement plan provisions will be restored to me on the earlier of (a) the fist day of the plan year in which the participant attains age 35, or (b) the date the participant separates from service with the employer sponsoring the retirement Plan.

Signature of Participal	nt's Spouse:	Date:	
To be completed by a	notary public or representative of the plan (i	(if provided for under the terms of your employer's plan):	
Sworn before me this	day		
In the State of	, County of		
Notary Public Signatu	are:		
My Commission Expi	res:	Notary stamp must be in the above box	
Witnessed by Plan Re	presentative:	Date:	
	5. AUTHORIZATIO	ON AND SIGNATURE	
 I certify under penalt I acknowledge that I prospectus(es) of any I understand that I mbeneficiary, my beneficiary, my accounts. I understand that my account Agreement (in I recognize that althouterstand that Intercognize that I	r fund into which I exchange and agree to the tend designate a beneficiary for my assets accumulations will be my surviving spouse, or if I do not beneficiary information included in this form be appleted and signed Beneficiary Designation form beneficiary information provided herein shall applicates and/or any successor appointed pursual oyer, as applicable) acts as trustee or custodian, and account may be subject to an annual main. Employer and Fidelity Management Trust Company is a banly Fidelity Management Trust Company is a banly fidelity Management in the Program.	n which I invest and that it is my responsibility to read the terms. Intulated under the Program and that if I choose not to designate a ot have a surviving spouse, distributions will be based on my employecomes effective when delivered to Fidelity and will remain in effect in to Fidelity with a later date. In poly to all my Fidelity Accounts under the plan listed in section 1 for ant to the terms of such Accounts or trust agreement in effect between, and shall replace all previous designation(s) I have made on any of intenance and/or recordkeeping fee. In part have executed a Fidelity Investments Section 403(b)(7) Custodia	until r en
Your Signature:	X	Date:	