

Spousal Consent Form - Reference # 181790922W641

You've assigned someone other than your spouse as primary beneficiary for this plan. To complete this assignment, your spouse must complete the section below in the presence of a notary and you or your spouse must return the completed Spousal Consent Form to the address listed.

Mail completed form to:																
	<ul style="list-style-type: none">• Print• Review• Sign And Notarize• Mail	<table><tr><td>Regular Mail</td><td>Overnight Mail</td></tr><tr><td>Fidelity</td><td>Fidelity</td></tr><tr><td>Investments</td><td>Investments</td></tr><tr><td>P.O. Box 770003</td><td>100 Crosby</td></tr><tr><td>Cincinnati, OH</td><td>Parkway</td></tr><tr><td>45277-0065</td><td>Covington, KY</td></tr><tr><td></td><td>41015</td></tr></table>	Regular Mail	Overnight Mail	Fidelity	Fidelity	Investments	Investments	P.O. Box 770003	100 Crosby	Cincinnati, OH	Parkway	45277-0065	Covington, KY		41015
Regular Mail	Overnight Mail															
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Cincinnati, OH	Parkway															
45277-0065	Covington, KY															
	41015															

You named someone other than, or in addition to, your spouse as your Primary Beneficiary(ies). Have your spouse review Sections A, B, and C. Your spouse must then sign and date this form and have his/her signature witnessed by a Notary Public. A bank, law office or local government office usually has a Notary Public on staff.

If any of the information below is incorrect , make the change in NetBenefits then print a new form. Changes made directly on this form will be returned to you and your designations will not be valid. Future changes to your Beneficiaries may require a new Spousal Consent Form.

To be completed by your spouse

I hereby consent to the Beneficiary designation on this form for the following plans:

- RANDOLPH-BROOKS

I hereby consent to the beneficiary designation(s) on this form and acknowledge that (1) I am the spouse of the plan participant listed above, and I am entitled to receive my spouse's vested benefit from the plan(s) if they are vested and die; (2) the effect of such designation is to cause my spouse's vested benefit, or a portion of it, to be paid to a primary beneficiary other than me; (3) my spouse cannot change the primary beneficiary(ies) named above to anyone other than myself, unless I consent to the new designation; (4) each beneficiary designation with respect to each plan selected in section B is not valid unless I consent to it and (5) my consent is irrevocable unless my spouse changes or revokes the beneficiary designation. My consent is being given voluntarily and no undue influence or coercion has been exercised in connection with my decision to consent.

Sean I. Patterson

Spouse's name

Spouse's signature (signed in presence of said Notary Public)

Notary Public's Signature

□□-□□-□□□□

**Subscribed and sworn before
me on this date (mm-dd-yyyy)**

□□-□□-□□□□

**My commission expires
on this date (mm-dd-yyyy)**

Notary Seal

Name: **KELLY PATTERSON**
Social Security Number: *****-**-2630**
Client: **null**

A. About the Participant

This is information about the participant who is covered under the benefit plan(s).

Name: **KELLY PATTERSON**
Social Security Number: *****-**-2630**
Marital Status: **Married**

B. Beneficiary Designations for Plans Requiring Spousal Consent

This is a list of the beneficiaries the participant has designated and the percentage of benefit payable to each beneficiary is listed below.

Beneficiary Designation

Beneficiary	Social Security Number or Tax ID	Percentage
RANDOLPH-BROOKS		
Primary		
Sean Patterson	***-**-9705	50%
Sydney Allerheiligen	***-**-1105	50%
Contingent		

Name: **KELLY PATTERSON**
Social Security Number: *****-**-2630**
Client: **null**

C. Beneficiary Information

This is personal information for each of the beneficiaries the participant has designated.

Sean Patterson

SSN	***-**-9705
Date of Birth	12/12/1970
Relationship	Spouse
Gender	Male
Address	24506 Ripple Way San Antonio TX 78266 United States of America

Sydney Allerheiligen

SSN	***-**-1105
Date of Birth	10/29/2002
Relationship	Daughter
Gender	Female
Address	24506 Ripple Way San Antonio TX 78266 United States of America

Make a copy of this form for your files and mail to the following address:

Fidelity Investments
P.O. Box 770003
Cincinnati, OH 45277-0065

If you wish to overnight your form, please overnight to the following address:

Fidelity Investments
100 Crosby Parkway
Covington, KY 41015

Reference # 181790922W641

NetBenefits Spousal Consent Form**Multi-product**

Name: **KELLY PATTERSON**
Social Security Number: *****-**-2630**
Client: **null**