



Fidelity Advisor

Entity New Account Application

Use this form to open a new entity account. Only entities registered to conduct business in the United States may open an account.
Type on screen or fill in using CAPITAL letters and black ink.

Helpful to Know

- This form cannot be used to open a retirement account.
- If you are requesting a waiver of sales charge, complete the Fidelity Advisor Funds Request for Waiver of Sales Charge form and submit the form with this application.
- **Individual accounts:** Use the Fidelity Advisor Funds Individual New Account Application.
- **Corporate accounts:** Complete the Fidelity Advisor Funds (FA) Entity New Account Application, Certification Regarding Beneficial Owners of Legal Entity Customers Form, and the FA Corporate Resolution form. If a corporate seal cannot be provided on the FA Corporate Resolution form, then a copy of the Articles of Incorporation is also required.
- **Trust accounts:** Complete the FA Entity New Account Application, an original notarized or signature guaranteed FA Trustee Certification of Investment Authority form mailed in, a copy of the first page (not including cover page) and the (all) signature page(s) of the trust agreement.
- **Partnership accounts:** Complete the FA Entity New Account Application Certification Regarding Beneficial Owners of Legal Entity Customers Form and provide a copy of the partnership agreement.
- **Estates:** Complete the FA Entity New Account Application and provide a certified copy of Letters of Testamentary/Administration (certified within 90 days).
- **Nonprofit organizations and other entities:** If the organization is filed under a Corporation or Trust, see the above requirements. Otherwise, complete the FA Entity New Account Application, the Certification Regarding Beneficial Owners of Legal Entity Customers Form, and provide a copy of the IRS determination letter or the most recent 990 form filed with the IRS. Provide the Resolution of the Governing Body, article or extracts of the by-laws, or a certified Certificate of Incumbency.
- Contact your Financial Representative for assistance completing this application.

1. Account Information *All fields are required.*

The entity opening this account is:

Check all that apply.

☐ A publicly traded company.

Name of Exchange on Which Company Is Traded	Trading Symbol
<input type="text"/>	<input type="text"/>

☐ A financial institution regulated by a federal functional regulator.

Federal Functional Regulator Name
<input type="text"/>

☐ A bank regulated by a state bank regulator.

State Bank Regulator Name
<input type="text"/>

☐ A governmental agency or instrumentality.

Governmental Agency or Instrumentality Name
<input type="text"/>

Federal Tax Classification (Required Information)

Type of Entity

Check one registration type.

☐ Trust ☐ Partnership ☐ Estate ☐ C corporation ☐ S corporation

☐ Limited Liability Company (LLC)
C=C corporation, S=S corporation,
P=Partnership, D=Disregarded Entity

Enter Tax Class
<input type="text"/>

☐ Other Entity

Other Entity
<input type="text"/>

If you are a Bank or Insurance Company you must check the appropriate box below to certify your tax-exempt status.

☐ Bank ☐ Insurance Company

continued on next page

1. Account Information *continued*

Provide your Tax Identification Number (TIN), Employer Identification Number (EIN), or Social Security number (SSN). For Trust, Estate, Corporation, or Partnership, use TIN.

Account Registration

Entity Name *as shown on your income tax return*

Required

☐ TIN/EIN ☐ SSN

TIN/EIN or SSN *required*

If Trust account, for benefit of:

First Name	M.I.	Last Name	Suffix	Trust Date MM DD YYYY
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Trustee or Authorized Signee 1 First Name	M.I.	Trustee or Authorized Signee 1 Last Name	Suffix
---	------	--	--------

SSN or TIN	Date of Birth MM DD YYYY [‡]
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Mobile Phone Number <i>Used as your primary phone</i>	Email Address*
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Trustee or Authorized Signee 2 First Name	M.I.	Trustee or Authorized Signee 2 Last Name	Suffix
---	------	--	--------

SSN or TIN	Date of Birth MM DD YYYY [‡]
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Mobile Phone Number <i>Used as your primary phone</i>	Email Address*
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* See *Electronic Delivery* section for more details.

[‡] Must be at least 18 years old.

You must provide an email address and mobile phone number to be used to verify and/or authorize transactions.

Mailing Address

Street Address	Suite	
City	State	Zip/Postal Code

For P.O. Box mailing addresses, complete U.S. Permanent Address section.

U.S. Permanent Address ☐ Check if same as above.

Street Address	Suite	
City	State	Zip/Postal Code

2. Electronic Delivery

IMPORTANT: By signing this account application, you are consenting to receive all account-related communications electronically. You agree that Fidelity may use your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. To manage your delivery preferences, login to accounts.fidelity.com and select the eDelivery settings in your Overview section.

To confirm your consent, please respond to the electronic message which Fidelity will email to you.

Note:

- Your delivery preferences are applied across all eligible Fidelity accounts owned by you based upon your most recent election. If you have already consented to electronic delivery, your election will not change.
- The email address provided should not be your Authorized agent/ Representative's email address.
- This email address will replace any existing email address already on our system.

3. Financial Representative Information

You are required to appoint a Financial Representative as agent for you on your Fidelity Advisor account to execute investment and other instructions made by you or on your behalf. To be completed by your Financial Representative.

Firm Number	Branch Number	Firm Name*			
Representative Number		Representative First Name	M.I.	Representative Last Name	Suffix
Branch Mailing Address				Suite	
City			State	Zip/Postal Code	
Phone		Representative Email			

For Back Office Use Only ►

Broker Identification Number (BIN)

* If your firm utilizes an external clearing house, indicate the name of the clearing firm here:

Clearing Firm Name

Complete this section if Fidelity should contact your representative assistant with questions about this application.

Representative Assistant First Name	M.I.	Representative Assistant Last Name	Suffix	Representative Assistant Phone
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4. Investment Options



NOTE: Please visit i.fidelity.com/fundinfo to choose your funds, or scan the QR code to the left.

Speak to your Financial Representative or visit i.fidelity.com for the most up-to-date list of funds. Unless you have authorized that future contributions be deposited per the investment allocations in this section, any check purchases submitted without accompanying fund instructions from you or from your Financial Representative on your behalf, will be invested in Fidelity Government Money Market Fund, Daily Money Class.

Fund categories and fund listings within each category are not correlated with risk.

Indicate fund number and dollar amount or whole percentage. If name of fund is written in only, Class A shares will be purchased. Request additional purchases electronically with Fidelity Advisor Money Line,[®] which can be linked to your bank account by completing Section 8.

Speak to your Financial Representative or visit i.fidelity.com/fundinfo for the most up-to-date list of funds.

If you need to list more than six funds, please make a copy of this page.

Unless otherwise indicated, all future purchases will be invested according to the investment instructions detailed in this section.

Fund Number 1	Dollar Amount 1	OR	Percentage 1
	\$.		%
Fund Number 2	Dollar Amount 2	OR	Percentage 2
	\$.		%
Fund Number 3	Dollar Amount 3	OR	Percentage 3
	\$.		%
Fund Number 4	Dollar Amount 4	OR	Percentage 4
	\$.		%
Fund Number 5	Dollar Amount 5	OR	Percentage 5
	\$.		%
Fund Number 6	Dollar Amount 6	OR	Percentage 6
	\$.		%
Total Dollar Amount			Percentage Total
\$.			%

continued on next page

4. Investment Options *continued*

For Change of Ownership from existing accounts only:

- ☐ Select this option to Transfer in Kind funds from an existing Fidelity Advisor nonretirement account. For a Transfer in Kind, this completed application and the FA Change of Ownership form are **required**. Additional requirements may apply. **Do not indicate funds above for this option unless you have also selected the below option to exchange after the initial Transfer in Kind.**
- ☐ **Exchange after Transfer in Kind:** Select this option if you wish to exchange funds **after** the Transfer in Kind has been completed. Indicate fund selections and allocations above. If the Transfer in Kind option is selected and fund selections have been made, but this option has not been selected, exchanges **will not be processed** per the above instructions. Exchanges may be taxable.

5. Dividend Distributions

Check one.

For additional payment methods other than those offered on this form, call us at 800-522-7297 any day the New York Stock Exchange is open.

- ☐ Reinvest dividend distributions in same fund share class (default selection if no other option chosen).
- ☐ Pay dividend distributions in cash via Fidelity Advisor Money Line/Automated Clearing House (ACH) – Complete Section 8.

6. Capital Gains Distributions

Check one.

For additional payment methods other than those offered on this form, call us at 800-522-7297 any day the New York Stock Exchange is open.

- ☐ Reinvest capital gains in same fund share class (default selection if no other option chosen).
- ☐ Pay capital gains distributions in cash via Fidelity Advisor Money Line/ACH – Complete Section 8.

7. Cost Basis Method

Check one.

The method you choose will apply to all current and subsequent positions held in this account unless we are otherwise instructed.

Elect a cost basis depletion method for accounts that are tax reportable ("1099-B eligible accounts"). The method chosen will be used for all depleting transactions, unless you request a different method at the time of the transaction. The term "deplete" will be defined as a redemption, transfer of assets, exchange or fee transaction throughout this form. Cost basis elections cannot be changed for transactions that have settled in your account. You are responsible for complying with the IRS rules governing these elections. Review this section carefully and discuss it with your tax advisor before completing. If you do not choose a method, Fidelity will apply its default method. Fidelity's default method for mutual funds is Average Cost.

- ☐ **AC (Average Cost)** Share price for each lot is averaged into one price per share. Shares are then depleted from the account using the FIFO order. The average cost of noncovered shares will be calculated and maintained separately from the average cost of covered shares (shares acquired on or after 1/1/2012). Changes to and from this method must be submitted in writing. If a depletion of shares has previously occurred, changes from this method are prospective only.
- ☐ **FIFO (First In First Out)** Shares with the oldest purchase date are the first to be depleted.
- ☐ **HICO (High Cost)** Shares with the highest purchase price are the first to be depleted.
- ☐ **LIFO (Last In First Out)** Shares with the most recent purchase date are the first to be depleted.
- ☐ **LOCO (Low Cost)** Shares with the lowest purchase price are the first to be depleted.
- ☐ **LGUT (Loss/Gain Utilization)** Shares that will generate a loss will be sold before shares that will generate a gain. For shares that will generate a loss, shares owned one year or less (short term) will be redeemed first. For shares that will generate a gain, shares owned one year or more (long term) will be redeemed first.

IRS regulations require cost basis reporting on shares acquired after January 1, 2012. Cost basis of shares acquired prior to the regulation effective date will be reported to our shareholders if available, but will not be reported to the IRS.

8. Bank Information/Fidelity Advisor Money Line®

Provide bank information to establish the Money Line and/or Bank Wire feature on your account. You must check the box if you wish to establish the Bank Wire feature. Some transaction limits may apply. See your Financial Representative for details.

Fidelity Advisor Money Line allows you and/or your Financial Representative to electronically transfer money, via the Automated Clearing House (ACH), between the bank/credit union account listed below and the account listed in Section 1, systematically or on demand. Money Line will be automatically added to your account using the bank information from the attached initial investment check or bank account listed below, provided there is at least one common name on the bank account and the Fidelity account registration, unless you have checked the box below to opt out.

- ☐ Do not establish Electronic Payment via Fidelity Advisor Money Line with the information from my initial investment check.
- ☐ Establish Bank Wire feature to allow proceeds to be transferred via the Federal Reserve System. Payment will be wired to your bank account. Your bank may charge a fee for this transaction.

Provide a preprinted voided check along with this form (preferred).

OR

This feature is restricted for distributions for 10 calendar days after activation.

Enter your bank information in the fields to the right.

Bank Name			
Bank Account Owner First Name	M.I.	Bank Account Owner Last Name (or Entity Name)	Suffix
Additional Bank Account Owner First Name	M.I.	Additional Bank Account Owner Last Name	Suffix
ABA Routing Number	Bank Account Number		

If no box is checked we will default to checking.

Bank Account Type: ☐ Checking ☐ Savings

If the Fidelity Advisor account and the bank account identified DO NOT include at least one common owner, the Fidelity Advisor account owner must sign in Section 11 and have their signatures notarized. Additionally for Money Line only – All bank account owners must also sign in Section 12 and have their signatures notarized. If a company check is provided for a non-entity account, all account owners must sign the request and a corporate resolution is required.

9. Authorized Person(s) (Authorized Agent/Trader)

Specify who is authorized to transact on behalf of the Plan account(s) being established with this application. Indicate one of the following levels of authority:

Inquiry Only (I) – This authorization authorizes the Agent/Trader to inquire in the account specified above only.

Limited Trading Authorization (L) – Individuals granted this level of authority may inquire and trade in the account(s) being established pursuant to this application, and FIIOC is authorized to follow the instructions of the Authorized agent/Trader. Trading shall include exchanges within a single account and distributions for the payment of advisory fees to the Authorized agent/Trader. Limited Trading Authorization also authorizes the Agent/Trader to withdraw assets from the account(s), regardless of the tax consequences of such a distribution. The disbursements must be made to the registered owner or plan trustee at the address of record or to the registered owner's or plan trustee's bank account pre-authorized on the account.

All (A) – In addition to the authorizations described in Limited Trading Authorization above, this authorization authorizes the Agent/Trader to request all transactions on the account, including, but not limited to: distributions or redemptions payable to the registered owner/plan trustee or to another third party; the establishment and/or maintenance of an account for the benefit of the Plan; and authorization to transmit to Fidelity Investments Institutional Operations Company LLC (FIIOC), in any manner either orally, in writing, or electronically, in accordance with procedures established by FIIOC, from time to time, any and all instructions including, but not limited to, the purchase, sale, exchange, distribution, redemption, or transfer of shares of all funds that are maintained by FIIOC.

Choose only one
authority level per
Authorized Individual.

**If no authority
is indicated, the
individual(s) listed
will automatically be
given Inquiry Only
Authorization.**

Authorized Individual First Name 1	M.I.	Authorized Individual Last Name 1	Suffix	Level of Authority required <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> A

SSN or TIN

Authorized Individual First Name 2	M.I.	Authorized Individual Last Name 2	Suffix	Level of Authority required <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> A

SSN or TIN

Authorized Individual First Name 3	M.I.	Authorized Individual Last Name 3	Suffix	Level of Authority required <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> A

SSN or TIN

Authorized Individual First Name 4	M.I.	Authorized Individual Last Name 4	Suffix	Level of Authority required <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> A

SSN or TIN

10. Householding

Each shareholder
at your address must
consent to have his or her
mutual fund shareholder
documents househanded.

By signing this application, you consent to have only **one** copy of mutual fund shareholder documents, such as prospectuses and shareholder reports, delivered to you and any other investors sharing your address. Your shareholder documents will continue to be househanded indefinitely; however, you may revoke this consent at any time by contacting Fidelity at 800-522-7297 and your household will begin receiving multiple copies within 30 days.

☐ Do **NOT** household at this time.

11. Account Owner Signatures and Dates *Form cannot be processed without signatures and dates.*

In the section below, "FIIOC," "us," and "we" refer to Fidelity Investments Institutional Operations Company LLC, and its affiliates, and their employees, agents, representatives, shareholders, successors, and assigns as the context may require; "you" and "account owner" refer to the owner indicated on the account form; for any account with more than one owner (such as a joint or trust account), "you" and "account owner" or "account owners" refer to all owners, collectively and individually.

By signing below, you:

- Affirm that you are at least 18 years old and legally authorized to enter into this agreement in the state in which you reside.
- Have received, read, understand and agree to the terms of the prospectus.
- Acknowledge that your account will automatically have the Exchange Privilege capability.
- Confirm that all information provided in the form above (if applicable) will apply to the fund(s) into which your shares may be exchanged or accounts to which your shares may be transferred.
- Ratify all instructions given on this account and any account to which you exchange your shares and agree that neither the fund nor we will be liable for any loss, cost, or expense for acting upon such instructions (by telephone, in writing, or electronically) believed to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions.
- Will read the prospectus of any fund into which you exchange.
- Certify that all information you have provided to us in this form is true, accurate, and complete and will apply to any new funds into which your shares will be exchanged.
- Agree that FIIOC has the authority to accept orders and other instructions relative to the account(s) identified herein from those individuals or entities (the trustee(s) or custodians, as applicable) listed in Section 1. The trustee(s)/custodian may execute any document on behalf of the trust/custodial account that FIIOC may require. By signing this form the trustee(s)/custodian hereby certify(ies) that FIIOC is authorized to follow the instructions of any trustee(s)/custodian listed in Section 1 and to deliver funds or other assets in the account to any such trustee(s)/custodian or on any such trustee's/custodian's instructions, including delivering assets to such trustee(s)/custodian personally. FIIOC, in its sole discretion and for its sole protection, may require the written consent of any or all trustee(s)/custodian prior to acting upon the instructions of any trustee(s)/custodian.
- Authorize us, upon receiving instructions from you, the intermediary firm for your account, or in accordance with the instructions provided in Sections 5, 6, 8 or 14 of this form, to make payments of amounts representing redemptions by you, dividend or capital gains distributions to you, or distributions

payable to you, or to secure payments of amounts to be invested by you, by initiating credit or debit entries to your account at the financial institution indicated in the form ("Bank"). You authorize and request the Bank to accept such entries from us and to credit or debit your account at that Bank for such entries. You ratify such instructions and agree that neither we nor any Mutual Fund will be liable for any loss, liability, cost, or expense for acting upon all such instructions believed to be genuine if we employ reasonable procedures to prevent unauthorized transactions. This authorization may only be revoked by written notice to us in such time and manner as to afford us and the Bank a reasonable opportunity to act upon it.

- Understand that mutual fund shares are not deposits or obligations of, or guaranteed by, any depository institution. Shares are not insured by the FDIC, the Federal Reserve Board, or any other agency, and are subject to investment risks, including possible loss of principal amount invested.
- Understand that the account balance and certain uncashed checks issued from this account may be transferred to a state unclaimed property administrator if no activity occurs in the account or the check remains outstanding within the time period specified by the applicable state law.

- **If the account owner is a U.S. person, you certify under penalties of perjury that: (1) the Taxpayer Identification Number or Social Security number provided is correct (or that you are waiting for a taxpayer number to be issued to the account owner); and (2) the account owner is not subject to backup withholding because (a) the account owner is exempt from backup withholding, or (b) the account owner has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified the account owner that the account owner is no longer subject to backup withholding. (Cross out item 2 if the account owner has been notified by the IRS that it is currently subject to backup withholding because it has failed to report all interest and dividends on its tax return); and (3) the account owner is a U.S. citizen or other U.S. person as**

defined in the instructions to IRS Form W-9; and (4) the FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting is (are) correct.

If the account owner is not a U.S. person, you are submitting the applicable W-8 with this form to certify the account owner's foreign status, and, if applicable, claim tax treaty benefits.

- May change the cost basis method election selected in Section 7 at any time for shares that have not been depleted (see AC method for exceptions).
- Understand the choice of cost basis method will be reflected on your account statements.
- Permit the intermediary firm or the Financial Representative associated with your account(s), as reflected in our records, the authority to choose a cost basis method for your eligible account(s).

For Trust Accounts Only:

You certify, agree, and/or understand that the trustees, jointly and severally, shall indemnify FIIOC, FMTC, each of their affiliated companies, and all of their divisions, subsidiaries, directors, officers, agents, and employees, and shall hold such entities and individuals harmless from any claim, loss, or liability for effecting any transactions or action upon instructions given by the trustees.

I understand that the Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

11. Account Owner Signatures and Dates Form cannot be processed without signatures and dates.

Your signature must be notarized if the bank account identified in Section 8 does not include at least one common owner. The account owner must sign and notarize Section 11 and all bank account owners must sign Section 12 and have their signatures notarized.

Print Account Owner 1 Name <i>First, M.I., Last</i>	
Account Owner 1 Signature* <i>(required)</i>	Date <i>MM - DD - YYYY</i>
SIGN	

Print Account Owner 2 Name <i>First, M.I., Last</i>	
Account Owner 2 Signature* <i>(required)</i>	Date <i>MM - DD - YYYY</i>
SIGN	

Statement of Notary Public In this section, "You" and "you" refer to the Notary Public.

You certify that the individual signing above appeared before you on the date indicated below, that they are known to you to be the individuals they claim to be, and that they represented to you that they made the certifications above their signature of their own free will.

NOTARIZATION 1

State	County	Identification
Print Notary Name		Commission Expires <i>MM - DD - YYYY</i>
Notary Signature		Date <i>MM - DD - YYYY</i>
SIGN		

NOTARIZATION 2

State	County	Identification
Print Notary Name		Commission Expires <i>MM - DD - YYYY</i>
Notary Signature		Date <i>MM - DD - YYYY</i>
SIGN		

* Electronically signed documents may only be submitted by your intermediary firm, which has executed a signed Electronic Signature Use and Indemnification Agreement with FIIOC, and no notary or signature guarantee is required.

NOTARY STAMP OR SEAL

NOTARY STAMP OR SEAL

The trademarks and service marks appearing herein are the property of FMR LLC.

Fidelity Investments Institutional Operations Company LLC
917416.6.0 1.789876.153
0424

12. Bank Owner Signatures and Dates Required if different from Fidelity account owner.

If the Fidelity account owners name does not appear on the bank account listed in section 8, bank owner signature(s) and a notary are required for each bank owner in Section 12.

Bank Account Owner Signature	Date MM - DD - YYYY
SIGN	

Bank Account Owner Signature	Date MM - DD - YYYY
SIGN	

NOTARIZATION 3

State	County	Identification
Print Notary Name		Commission Expires MM - DD - YYYY
Notary Signature		Date MM - DD - YYYY
SIGN		

NOTARIZATION 4

State	County	Identification
Print Notary Name		Commission Expires MM - DD - YYYY
Notary Signature		Date MM - DD - YYYY
SIGN		

NOTARY STAMP OR SEAL

NOTARY STAMP OR SEAL

Overnight Check Fee: A fee may be applied if you request a redemption check to be sent using Fidelity's overnight delivery service. This is applicable for both retirement and nonretirement mutual fund accounts.

To help the government fight financial crimes, Federal regulation requires Fidelity to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account. Also, Federal regulation requires Fidelity to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

Did you sign the form, and attach any necessary documents? Send the form and any necessary documents to Fidelity.

UPLOAD THROUGH WEB

Log into [Accounts.Fidelity.com](https://accounts.fidelity.com)

Instructions for Shareholders:

- Under "Manage Accounts, Other Services," go to the "Upload Documents" link.
- Follow instructions on the web portal and click "UPLOAD DOCUMENTS."

Instructions for Financial Representatives:

- Under "Quick Links" on the landing page, go to the "Upload Documents" link.
- Follow instructions on the web portal and click "UPLOAD DOCUMENTS."

FAX

888-321-7349

MAIL

Fidelity Investments Institutional Operations Company LLC (FIIOC)

Regular: P.O Box 770002,
Cincinnati, OH 45277-0082

Overnight: 100 Crosby Parkway, KC1G,
Covington, KY 41015

IMPORTANT: If an original signature guarantee or notary is required, this form must be mailed.

Questions? For help completing this form, call 800-522-7297 (Financial Representatives) or 877-208-0098 (Shareholders), or visit accounts.fidelity.com.

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Fidelity Advisor Service Options

Complete and return the following sections only if you want to establish additional features on your new account. Signing in Section 11 will also cover any options between Sections 13–14. See the appropriate Fidelity Advisor Fund prospectus for details regarding specific feature options.

Type on screen or fill in using CAPITAL letters and black ink.

13. Reduced Sales Charge

Should you, your spouse, and/or your children under age 21 have other investments in Fidelity Advisor Funds® or Fidelity Advisor 529 Plan Accounts, you may qualify for a reduced sales charge on purchases of Class A or Class M shares. Refer to the prospectus for details.

Applicable account numbers are as follows:

A. Rights of Accumulation

Account Number	Applicable SSN
Account Number	Applicable SSN
Account Number	Applicable SSN

B. Letter of Intent

I agree to the Letter and terms of escrow set forth in the prospectus. Although I am not obligated to do so, it is my intention to invest over a 13-month period in shares that total an aggregate amount at least equal to that indicated below. If the amount indicated is not invested within 13 months, reduced sales charges do not apply.

The aggregate amount will be at least:

☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

14. Systematic Investment Program

Frequency: Monthly, Bimonthly, Quarterly, or Semiannually. Program begins with the first available business cycle, based on date selected. If a frequency is not selected, your transaction will occur monthly. Transaction dates falling on nonbusiness days will occur the next business day. If a selection is not made or is invalid, the transaction will occur on the 15th. Fidelity requests the draft from your bank account 2 business days prior to the investment date.

Fund Number	Amount	Start Date MM DD YYYY	Frequency
	\$.		<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> Q <input type="checkbox"/> S
Fund Number	Amount	Start Date MM DD YYYY	Frequency
	\$.		<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> Q <input type="checkbox"/> S
Fund Number	Amount	Start Date MM DD YYYY	Frequency
	\$.		<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> Q <input type="checkbox"/> S
Fund Number	Amount	Start Date MM DD YYYY	Frequency
	\$.		<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> Q <input type="checkbox"/> S

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Fidelity Advisor

Trustee Certification of Investment Authority

Use this form to certify to Fidelity Investments Institutional Operations Company LLC (FIIOC) the identity(ies) of the Trustee(s) who is (are) authorized to act on behalf of a trust that is either the beneficiary of a Fidelity Advisor IRA or the registered owner of an account with Fidelity Advisor Funds.® You can also use this form to add and/or update Trustee information on IRA Beneficiary Distribution Accounts (BDAs) or other Trust accounts holding Fidelity Advisor Funds.

Type on screen or fill in using CAPITAL letters and black ink.

Helpful to Know

- When returning this form, the Trustee(s) must also provide a copy of the first page(s) naming Trustees (cover/title page is not acceptable) and all signature pages of the Trust agreement/Plan documents.
- When returning this form to add and/or update Trustee information, the Trustee(s) must also provide a copy of the Trust agreement/Plan documents naming Trustee(s), or successor Trustee(s), and/or amendments that refer to the Trustee(s) and their authority to act.
- To notify FIIOC of the appointment of a new Trustee, the removal of a Trustee, or the replacement of a Trustee with a successor Trustee, complete all four sections. A resigning Trustee must sign in Section 3B and obtain a signature guarantee.
- All Trustees (including a successor Trustee) must sign in Section 5 and obtain notarization or signature guarantee.

1. Account Information

Must be completed in full.

Official Full Name of Trust		
TIN/EIN or SSN	Account Number required if an existing account	Date of Trust MM DD YYYY

2. Trustee Information

Must be completed in full.

You must provide an email address and mobile phone number to be used to verify and/or authorize transactions.

If there are more than two Trustees, all of the required information and the notarized or signature guaranteed signatures for the additional Trustees must be attached to this form.

You must provide an email address and mobile phone number to be used to verify and/or authorize transactions.

Trustee 1 First Name	M.I.	Trustee 1 Last Name	SSN
Mobile Phone Number Used as your primary phone		Email Address*	
Date of Birth MM DD YYYY		Citizenship Country	
Residential Street Address			Apartment
City		State	Zip Code/Postal Code
Trustee 2 First Name	M.I.	Trustee 2 Last Name	SSN
Mobile Phone Number Used as your primary phone		Email Address*	
Date of Birth MM DD YYYY		Citizenship Country	
Residential Street Address			Apartment
City		State	Zip Code/Postal Code

* See Electronic Delivery section for more details.

3. Trustee Change

☐ A. Removing a Trustee due to:

- ☐ Death of Trustee (name of deceased trustee) _____
Include a copy of the death certificate with this form.
- ☐ Incapacitation of Trustee (name of incapacitated trustee) _____
Include copies of the pages from the trust that govern the appointment of a successor trustee, along with a letter signed by the attending physician on the physician's letterhead and dated within the past 90 days, which indicates a state of permanent mental incapacitation. Please do not send a copy of the whole trust. If the trust or plan has more stringent requirements for incapacitation, provide additional documentation as required to satisfy those requirements.

☐ B. Resignation of Trustee:

I (name of resigning Trustee) _____ certify that I am resigning as Trustee of the above-named Trust.

A resigning Trustee must sign in this section and obtain a signature guarantee.

Print Resigning Trustee Name First, M.I., Last	
Resigning Trustee Signature	Date MM - DD - YYYY
SIGN ▶	▶

A signature guarantee is designed to protect you and Fidelity from fraud. You should verify with the institution that they are an acceptable (eligible) guarantor prior to signing. A signature guarantee may be executed by any "eligible guarantor." Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations, and Credit Unions, as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange.

▶ SIGNATURE GUARANTEE STAMP* ▶

* This section must be signature guaranteed. A Notary Public cannot provide a Signature Guarantee. We cannot accept a notarization instead of a Signature Guarantee.

4. Electronic Delivery

IMPORTANT: By signing this form, you are consenting to receive all account-related communications electronically. You agree that Fidelity may use your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. To manage your delivery preferences, log into accounts.fidelity.com and select the eDelivery settings in your Overview section.

To confirm your consent, please respond to the electronic message which Fidelity will email to you.

Note:

- Your delivery preferences are applied across all eligible Fidelity accounts owned by you based upon your most recent election. If you have already consented to electronic delivery, your election will not change.
- The email address provided should not be your Authorized agent/ Representative's email address.
- This email address will replace any existing email address already on our system.

5. Certification of Investment Authority

By signing this form the undersigned Trustee(s) certify(ies) as follows:

- The official full name of the trust, date, purpose of the Trust, a list or description of the beneficiary(ies), identity of settlor/grantor of the Trust, and the jurisdiction of the laws pursuant to which the trust has been established, are as indicated in Section 1 of this form. The names of the Trustee(s) and all information provided about them are true and accurate.
- The Trust is duly established and existing.
- The attached first page (not including cover page) and all signature page(s) of the Trust agreement are part of the Trust agreement that is in effect.
- The name(s) of the currently acting Trustee(s) is (are):
 1. _____
 2. _____
- If there are Trustee(s) of the Trust other than those listed immediately above, they are listed on an attachment to this form and their signatures on that attachment indicate they are also certifying to all the representations made herein.
- Fidelity Investments Institutional Operations Company LLC (FIIOC) (in the case of a Fidelity Advisor IRA, acting on behalf of Fidelity Management Trust Company (FMTC), the IRA custodian) is hereby authorized to accept orders and other instructions relative to the Trust account listed in Section 1 from any one of the Trustees named in this Section 5. Such Trustees

have authority to execute any documents on behalf of the Trust that FIIOC may require. FIIOC is also authorized to deliver funds, securities, or any other assets in the account listed in Section 1 to any Trustee or on any Trustee's instructions, including delivering assets to a Trustee personally. Each Trustee is authorized to deliver instructions to FIIOC without the additional signatures of any other Trustee. FIIOC, however, in its sole discretion and for its sole protection, may require consent of any or all Trustees prior to acting upon the instructions of any Trustee.

- We, the Trustees, have the power under the Trust and applicable law to enter into all transactions and issue all instructions that we may give to FIIOC in connection with this account.
- Should only one person execute this agreement, it shall be a representation that the signer is the sole Trustee. Where applicable, plural references in this certification shall be deemed singular.
- We, the Trustees, jointly and severally, indemnify FIIOC, FMTC, each of their affiliated companies, and all of their divisions, subsidiaries, directors, officers, agents, and employees, and hold such entities and individuals harmless from any claim, loss, or liability for effecting any transactions or acting upon instructions given by the Trustees.
- The Trust has not been revoked, modified, or amended in any manner that would cause these representations to be incorrect. We agree to inform FIIOC, in writing, of any amendment to the Trust, any changes in composition of the Trustees, or any other event that could alter the certifications made above.

continued on next page

5. Certification of Investment Authority *continued*

All Trustees must sign this form and have their signature(s) notarized OR signature guaranteed.

Statement of Notary Public In this section, "You" and "you" refer to the Notary Public.

You certify that the individual signing above appeared before you on the date indicated below, that they are known to you to be the individuals they claim to be, and that they represented to you that they made the certifications above their signature of their own free will.

Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

Notice to CA Residents: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

OPTION 1: NOTARIZATION

Print Trustee 1 Name <i>First, M.I., Last</i>		Print Trustee 2 Name <i>First, M.I., Last</i>	
Trustee 1 Signature	Date <i>MM - DD - YYYY</i>	Trustee 2 Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶	SIGN ▶	▶

NOTARIZATION 1

State	County	Identification
Print Notary Name		Commission Expires <i>MM - DD - YYYY</i>
Notary Signature		Date <i>MM - DD - YYYY</i>
SIGN ▶		▶

NOTARIZATION 2

State	County	Identification
Print Notary Name		Commission Expires <i>MM - DD - YYYY</i>
Notary Signature		Date <i>MM - DD - YYYY</i>
SIGN ▶		▶

NOTARY STAMP OR SEAL

NOTARY STAMP OR SEAL

continued on next page

5. Certification of Investment Authority *continued*

OPTION 2: SIGNATURE GUARANTEE

A signature guarantee is designed to protect you and Fidelity from fraud. You should verify with the institution that they are an acceptable (eligible) guarantor prior to signing. A signature guarantee may be executed by any "eligible guarantor." Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations, and Credit Unions, as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange.

Print Trustee 1 Name <i>First, M.I., Last</i>		Print Trustee 2 Name <i>First, M.I., Last</i>	
Trustee 1 Signature	Date <i>MM - DD - YYYY</i>	Trustee 2 Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶	SIGN ▶	▶
SIGNATURE GUARANTEE STAMP		SIGNATURE GUARANTEE STAMP	

To help the government fight financial crimes, federal regulation requires Fidelity to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account. Also, federal regulation requires Fidelity to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

Did you sign the form, and attach any necessary documents? Send the form and any necessary documents to Fidelity.

UPLOAD THROUGH WEB

Log into Accounts. *Fidelity.com*

Instructions for Shareholders:

1. Under "Manage Accounts, Other Services," go to the "Upload Documents" link.
2. Follow instructions on the web portal and click "UPLOAD DOCUMENTS."

Instructions for Financial Representatives:

1. Under "Quick Links" on the landing page, go to the "Upload Documents" link.
2. Follow instructions on the web portal and click "UPLOAD DOCUMENTS."

IMPORTANT: *If an original signature guarantee or notary is required, this form must be mailed.*

MAIL

Fidelity Investments Institutional Operations Company LLC (FIIOC)

Regular: P.O. Box 770002,
Cincinnati, OH 45277-0082

Overnight: 100 Crosby Parkway, KC1G,
Covington, KY 41015

Questions? For help completing this form, call 800-522-7297 (Financial Representatives) or 877-208-0098 (Shareholders), or visit *accounts.fidelity.com*.

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Fidelity Investments Institutional Operations Company LLC
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0623



Corporate Resolution

Use this form to authorize the opening of a Fidelity Investments Institutional Operations Company LLC (FIIOC) account in the name of a Corporation.

A new business account application is needed in addition to this form to authorize the opening of the new FIIOC account.

Type on screen or fill in using CAPITAL letters and black ink.

1. Corporation

Your company's permanent street address is required.	Official Full Name of Corporation		Tax ID Number	
	Street Address		Suite	
	City	State	Zip/Postal Code	
	Business Phone			

2. Authorization to Open Account

The Corporation named in Section 1, by (Name of President) _____ pursuant to the resolutions on the reverse of this form, certified by an officer of the Corporation in Section 4, hereby authorizes you to open an account in the name of said Corporation. This authorization shall continue in force until revoked by the above-named Corporation by a written notice, addressed and delivered to FIIOC at the address above.

Signature of President	Date MM - DD - YYYY
SIGN	

☐ Check here if you are the sole officer.

3. Certification and Resolutions

Identify those officers or individuals authorized by Resolution to transact business on the account.

I, (Name of President in Section 2 or other officer named in Section 4) _____, (Title) _____, hereby certify the following:

- A. that the Corporation identified in Section 1 is duly organized and existing under the laws of the state of _____ and has the power to take the action called for by the resolutions on this form.
- B. that the resolutions on this form were duly adopted by the Board of Directors of said Corporation at a meeting held on ____/____/____, at which a quorum of said Board of Directors was present and acting throughout; that no action has been taken to rescind or amend said resolutions; and that the same are now in full force and effect.
- C. that each of the individual(s) named below in this section has been duly elected, is now legally holding the office set below his/her name, and that any one of them acting individually be, and they hereby are, authorized to purchase, trade, sell, transfer, and/or deliver any and all stocks, mutual funds, contractual plans, or any other securities listed or unlisted, and authorized to establish checkwriting, Fidelity Advisor Money Line,[®] and other account-related services in said account and to execute any and all instruments necessary, proper, and desirable for the purpose, including executing any and all documentation necessary to establish an account; further, that any past action in accordance herewith is hereby ratified and confirmed; and, further, that any officer of this Corporation (other than those listed here) is hereby authorized to certify this resolution to FIIOC.

continued on next page

3. Certification and Resolutions *continued*

If there are more than three authorized signers, all required information and signatures must be attached to this form.

1. First Name	M.I.	Last Name	SSN <i>required</i>
Title			Citizen Country
Street Address			Apartment
City	State	Zip/Postal Code	

2. First Name	M.I.	Last Name	SSN <i>required</i>
Title			Citizen Country
Street Address			Apartment
City	State	Zip/Postal Code	

3. First Name	M.I.	Last Name	SSN <i>required</i>
Title			Citizen Country
Street Address			Apartment
City	State	Zip/Postal Code	

- D. that the resolutions herein are not contrary to any provision in the charter or by-laws of this corporation, and that I have been authorized to make this certification on behalf of this corporation.
- E. the undersigned agrees that any information given on this account agreement is subject to verification and authorizes Fidelity to obtain a credit or other financial responsibility report with respect to the registered account holder as well as any individual authorized to transact business on behalf of the registered account holder, and that the undersigned is authorized to express the consent of such authorized individuals to obtain a report, and that such individuals have been notified of the possibility thereof. Upon written request, Fidelity will provide the name and address of the credit reporting agency used.

4. Signature of Certifying Officer

Certified Copy of Certain Resolutions Adopted by the Board of Directors Whereby the Establishment and Maintenance of Trading Accounts Have Been Authorized

Resolved:

First: That the individuals listed in Sections 2 and 3C of the Corporate Authorization and Resolution attached hereto are, and each of them hereby is, authorized and empowered, for and on behalf of this Corporation (herein called the "Corporation"), to establish and maintain one or more accounts with FIIOC and its affiliate, for the purpose of purchasing, investing in, or otherwise acquiring, selling, possessing, transferring, exchanging, or otherwise disposing of, or turning to account of, or realizing upon, and generally dealing in and with any and all forms of securities including, but not by way of limitation, shares, stocks, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, options, warrants, certificates of deposit, mortgages, evidences of indebtedness, commercial paper, certificates of indebtedness, and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates or otherwise.

continued on next page

4. Signature of Certifying Officer *continued*

The fullest authority at all times with respect to any such commitment or with respect to any transaction deemed by any of the said officers and/or agents to be proper in connection therewith is hereby conferred, including authority (without limiting the generality of the foregoing) to give written or oral instructions to FIIOC with respect to said transactions; to bind and obligate the Corporation to and for the carrying out of any contract, arrangement, or transaction, which shall be entered into by any such officer and/or agent for and on behalf of the corporation with or through FIIOC; to pay by checks and/or drafts drawn upon the funds of the Corporation such sums as may be necessary in connection with any of the said accounts; to deliver securities to and deposit funds with FIIOC, to order the transfer or delivery of securities to any other person whatsoever, and/or to order the transfer of record of any securities, to any name selected by any of the said officers and/or agents; to affix the corporate seal to any documents or agreements, or otherwise; to endorse any securities and/or contracts in order to pass title thereto; to direct the sale or exercise of any rights with respect to any securities; to sign for the Corporation all releases, powers of attorney, and/or other documents in connection with any such account, and to agree to any terms or conditions to control any such account; to direct FIIOC to surrender any securities to the proper agent or party for the purpose of effecting any exchange or conversion, or for the purpose of deposit with any protective or similar committee, or otherwise; to accept delivery of any securities; to appoint any other person or persons to do any and all things which any of the said officers and/or agents is hereby empowered to do, and generally to do and take all action necessary in connection with the account, or considered desirable by such officer and/or agent with respect thereto.

Second: That FIIOC may deal with any and all of the persons directly or indirectly by the foregoing resolution empowered, as though they were dealing with the Corporation directly.

Third: That the Secretary of the Corporation be and hereby is authorized, empowered, and directed to certify, under the seal of the Corporation, or otherwise, to FIIOC:

- (a) a true copy of these resolutions;
- (b) specimen signatures of each and every person by these resolutions empowered;
- (c) a certificate (which, if required by FIIOC, shall be supported by an opinion of the general counsel of the Corporation, or other counsel satisfactory to the Brokers) that the Corporation is duly organized and existing, that its charter empowers it to transact the business by these resolutions defined, and that no limitation has been imposed upon such powers by the By-Laws or otherwise.

Fourth: That FIIOC may rely upon any certification given in accordance with these resolutions, as continuing fully effective unless and until FIIOC shall receive due written notice of a change in or the rescission of the authority so evidenced and the dispatch or receipt of any other form of notice shall not constitute a waiver of this provision, nor shall the fact that any person hereby empowered ceases to be an officer of the Corporation or becomes an officer under some other title, in any way affect the powers hereby conferred. The failure to supply any specimen signature shall not invalidate any transaction if the transaction is in accordance with authority actually granted.

Fifth: That in the event of any change in the office or power of persons hereby empowered, the Secretary shall certify such changes to FIIOC in writing to the manner hereinabove provided, which notification, when received, shall be adequate both to terminate the powers of the persons theretofore authorized, and to empower the persons thereby submitted.

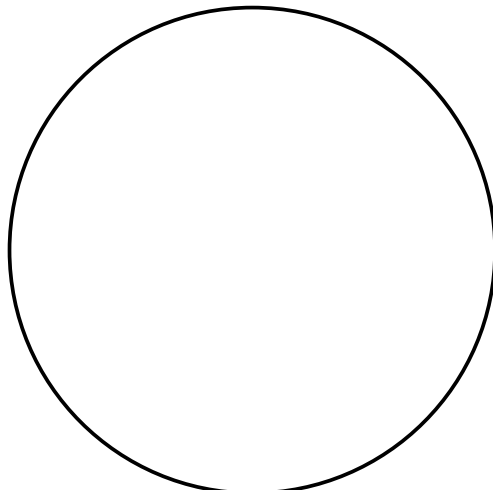
Sixth: That the foregoing resolutions and the certificates actually furnished to the Brokers by the Secretary of the Corporation pursuant thereto, be and hereby are made irrevocable until written notice of the revocation thereof shall have been received by the Brokers.

Must be signed by an officer other than those listed in Section 3C, unless you are the sole officer of the corporation.

Print Name of Corporate Officer First, M.I., Last	Title

Signature of Corporate Officer	Date MM - DD - YYYY
<div><div>SIGN</div><div></div></div>	<div></div>

Imprint Corporate Seal or include a copy of the Articles of Incorporation.



continued on next page



Did you sign the form, and attach any necessary documents? Send the form and any necessary documents to Fidelity.		
UPLOAD THROUGH WEB		FAX
Log into Accounts.Fidelity.com		888-321-7349
Instructions for Shareholders:	Instructions for Financial Representatives:	MAIL
1. Under "Manage Accounts, Other Services," go to the "Upload Documents" link.	1. Under "Quick Links" on the landing page, go to the "Upload Documents" link.	Fidelity Advisor 529 Plan Fidelity Investments Institutional Operations Company LLC (FIIOC)
2. Follow instructions on the web portal and click "UPLOAD DOCUMENTS."	2. Follow instructions on the web portal and click "UPLOAD DOCUMENTS."	Regular: P.O. Box 770002, Cincinnati, OH 45277-0082 Overnight: 100 Crosby Parkway, KC1G, Covington, KY 41015
IMPORTANT: If an original signature guarantee or notary is required, this form must be mailed.		Questions? For help completing this form, call 800-522-7297 (Financial Representatives) or 877-208-0098 (Shareholders), or visit accounts.fidelity.com.

