Fidelity Investments
Enrollment, Investment Election, and Beneficiary Form for Qualified Plans

Instructions: Use this form if your employer is making contributions on your behalf to a qualified plan. Completion of this form, including the beneficiary designation, will instruct the trustee of your plan to invest your employer contributions in the investment options available under your employer's qualified plan. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new form to your Human Resources Department or Benefits Office.

Unless otherwise instructed, please complete this form and return it to your Human Resources Department or Benefits Office. If you do not submit this completed form, contributions made on your behalf will be allocated into a default account in accordance with the provisions of your employer's qualified plan.

Transfers from an existing plan (if allowed): If you are transferring assets to Fidelity from an existing qualified plan, please complete a Transfer Form in addition to this Enrollment Form.

Rollover contribution (if allowed): To make a rollover contribution from another qualified plan, please call Fidelity to request a Rollover Form.

Fees: Your account may be subject to an annual maintenance and/or recordkeeping fee. Please check with your Benefits Office.

Questions? Call Fidelity Investments Tax-Exempt Retirement Services Company at **1-800-343-0860**, Monday through Friday, 8:00 A.M. - midnight ET.

1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

Social Security #: ___-__-____

First Name & M.I.: _____ Last Name: _____

Date of Birth: __-__-____

Street Address: _____ Apt. No: _____

City: _____ State: __ Zip: _____

Daytime Phone: ___-___-____ Evening Phone: ___-___-____

This is a: ☐ New account ☐ Change to existing information

2. YOUR EMPLOYMENT INFORMATION

Name of Current Employer/Site/Division: _____

Parent Organization *(or related association if applicable):* _____

Mailing Address of Benefits Office: _____

City: _____ State: __ Zip: _____

Date of Hire: __-__-____

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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 qualified plan. The allocation must total 100%. Check with your employer as to which options are available for investment under your plan. 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. **I would like all contributions to my qualified plan(s) invested in the following funds. (Please refer to each prospectus for the full name of each fund.)**

Investment Options **Please use whole percentages**

Fund Name:		Fund Code:		Percentage:	%
Fund Name:		Fund Code:		Percentage:	%
Fund Name:		Fund Code:		Percentage:	%
Fund Name:		Fund Code:		Percentage:	%

Total: = 100%

4. DESIGNATING YOUR BENEFICIARIES

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 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, 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 your plan is subject to ERISA or other spousal consent requirements, you are married, under 35 years of age, and you did not designate your spouse as your primary beneficiary, 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 new spousal consent on the Beneficiary Designation Form.

You are not limited to four primary and four contingent beneficiaries. To designate 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 and the date the trust was created, and the trustee's name.

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 or Trustee Name:

2. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date: Relationship to Applicant or Trustee Name:

3. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date: Relationship to Applicant or Trustee Name:

4. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date: Relationship to Applicant or Trustee Name:

Unless otherwise specified by my 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 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).

If there is no primary beneficiary(ies) living at the time of my death, I hereby specify that the value of my 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 or Trustee Name:

2. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date: Relationship to Applicant or Trustee Name:

3. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date: Relationship to Applicant or Trustee Name:

4. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date: Relationship to Applicant or Trustee Name:

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 who will receive at least 50% of your account balance, 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, or a portion of it, to be paid to someone other than me; (2) that each 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 spouse is currently under 35 years of age, this beneficiary designation 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, and that I must complete a new spousal consent in order for such beneficiary designation to become effective.

Signature of Participant's Spouse: Date: MM-DD-YYYY

Witness: Date: MM-DD-YYYY Title:

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 MM-DD-YYYY In the State of , County of

Notary Public (provide notary stamp):

6. AUTHORIZATION AND SIGNATURES

Individual Authorization: By executing this Enrollment Form:

- I certify under penalties of perjury that my Social Security number on this form is correct.
- If Fidelity Management Trust Company (FMTC) is the trustee of my employer's plan, I recognize that although FMTC is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my accounts may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC.
- 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 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, distributions will be made based on the provisions of the plan.
- I am aware that the beneficiary information provided herein shall apply to all my accounts under the plan and shall replace all previous designation(s) I have made on any of my accounts under the plan. *Note: If you are married, see section 5 of this form for applicable consent requirements.*
- 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 with a later date to Fidelity.

Your Signature: Date: MM-DD-YYYY

Please be sure to sign here.

As Plan Administrator, I acknowledge receipt of this form. Date: MM-DD-YYYY