

6. AUTHORIZATION AND SIGNATURE

Individual Authorization: By executing this form

- I hereby adopt the Fidelity Investments 403(b)(7) Custodial Account ("Program") and certify that I have received and read the Custodial Agreement for the Program
- **I acknowledge that the provisions of the Program shall be governed by the laws of the Commonwealth of Massachusetts**
- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct
- 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 Program, 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
- 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 to Fidelity at a later date
- I am aware that the beneficiary information provided herein shall apply to all of my accounts under the 403(b) plan listed in Section 2 for which Fidelity Management Trust Company (or its affiliates and/or any successor appointed pursuant to the terms of such 403(b) account as applicable) acts as custodian and shall replace all previous designation(s) I have made to my account(s) under the plan
- I recognize that although Fidelity Management Trust Company is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my 403(b)(7) account may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC

Your Signature:

Date:



Don't forget to sign!

**Fidelity Investments
403(b) Custodial Account Account Application**

Opening a new account: Please complete this application, including the beneficiary designation, and sign it on the back. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity. You will receive written confirmation once your account is established. At that point you can submit a 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.

Change(s) to an existing account: If you are making changes to an existing account, please visit us at <http://netbenefits.fidelity.com> or call a Retirement Services Specialist at 1-800-343-0860 Monday through Friday from 8:00 A.M. - midnight ET.

Transferring from an existing plan (if allowed): If you are transferring assets to Fidelity and as a result establishing a new account, please complete a Transfer Form in addition to this Account Application.

Rollover contribution (if allowed): To make a rollover contribution if allowed by your employer, please call to request a Rollover Form and return it with this Account Application and your check.

Fees: Your account may be subject to an annual maintenance and/or recordkeeping fee, which will vary depending on your institution's plan size and processing requirements.

Mailing instructions: Unless otherwise instructed by your employer, return this form in the enclosed postage-paid envelope *or* to

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

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

1. YOUR INFORMATION

Please use a **black pen** and print clearly in CAPITAL LETTERS.

Social Security #:

Date of Birth :

First Name:

Last Name:

Street Address:

Address Line 2:

City:

 State:

Zip:

Daytime Phone:

Evening Phone:

2. YOUR EMPLOYMENT INFORMATION

Name of Current Employer/Site/Division:

Plan Number:

Name of Parent Organization (or related association if applicable):

Address:

City:

State:

Zip:

Date of Hire:

Your Occupation:

Please keep form intact. Do not tear.



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3. 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 403(b) plan. Please select investment options that are available under your 403(b) plan and ensure your allocations total 100%.

Please check here if you are selecting more than four investment options.

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.

Investment Options

Please use whole percentages

Fund Code: <input type="text"/>	Fund Name: <input type="text"/>	Percentage: <input type="text"/> %
Fund Code: <input type="text"/>	Fund Name: <input type="text"/>	Percentage: <input type="text"/> %
Fund Code: <input type="text"/>	Fund Name: <input type="text"/>	Percentage: <input type="text"/> %
Fund Code: <input type="text"/>	Fund Name: <input type="text"/>	Percentage: <input type="text"/> %

Total: = 100%

4. 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 makes contributions to your account) and you do not designate that your spouse receive an amount specified under your employer's plan (which may be up to 100% or at least 50%) 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 the spousal consent and any additional beneficiary requirements specific to your plan. If you are married and you do not designate your spouse as your primary beneficiary for a portion of your account balance as described above, 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 of separation from service, whichever comes first, and your spouse must complete a new spousal consent on the Beneficiary Designation Form.

You are not limited to two primary and three contingent beneficiaries. To assign 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, 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 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).

Please check here if you have more than two primary and/or more than three 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 403(b) account upon my death.

- Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
----- Spouse **OR** Trust **OR** Other
Trustee's Name/Address:
- Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
----- Spouse **OR** Trust **OR** Other

Trustee's Name/Address:

Total: = 100%

Contingent 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. Your primary beneficiary cannot be your contingent beneficiary.

- Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
----- Spouse **OR** Trust **OR** Other
Trustee's Name/Address:
- Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
----- Spouse **OR** Trust **OR** Other
Trustee's Name/Address:
- Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant:
----- Spouse **OR** Trust **OR** Other

Trustee's Name/Address:

Total: = 100%

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 to receive an amount specified under your employer's plan which may be up to 100% but not less than 50%, (as described in Section 4), 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 to be paid to someone other than me; (2) such 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:

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):

Notary Seal:

My Commission Expires

Plan authorized signature:

Plan Signature Name and title: