

Fidelity Investments

Account Application/Enrollment Form and Beneficiary Designation

1. GENERAL INSTRUCTIONS

Opening a new account: Please complete this form and sign it on the back. You will receive written confirmation once your account is established. At that point you can submit a Contribution Form to your employer who can then forward contributions to your account. Please contact Fidelity, your employer, or your tax advisor to determine your maximum allowable contribution.

Moving assets from an existing plan: To consolidate/move money to your employer-sponsored retirement savings account, please complete the enclosed Transfer/Rollover/Exchange 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: Return this form in the enclosed postage-paid envelope or to
Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

If you wish to send your form via overnight service, please send it to
Fidelity Investments, Mailzone KC1E, 100 Crosby Parkway, Covington, KY 41015

Questions? Call Fidelity Investments at 1-800-343-0860, Monday through Friday, from 8:00 A.M. to midnight ET, excluding holidays that the New York Stock Exchange is closed, or visit us at www.fidelity.com/atwork.

2. SELECTING YOUR INVESTMENT OPTIONS

In **whole percentages** please indicate how you wish to have your contributions allocated to the investment options available for investment under your plan. Please ensure that your allocations total 100%, for example, 50% for your first, 30% for your second, and 20% for your third fund choice. If your percentages do not add up to 100% or you select an unavailable investment option, your contribution will be invested in an investment option according to your plan rules.

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 in your investment options brochure.

3. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to two primary and two contingent beneficiaries. The beneficiaries designated on this form will apply to all the plans named in Section 1. To assign additional beneficiaries, or to designate a more complex beneficiary designation, 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 or your Human Resources department.

When designating primary and contingent beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include 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 beneficiaries who survive you. If a percentage is indicated and a primary beneficiary does not survive you, the percentage of that beneficiary's designated share shall be divided among the surviving primary beneficiaries in proportion to the percentage selected for them.

4. SPOUSAL CONSENT

Spousal Consent: If you are married, your plan requires you to designate that your spouse receives 50% or more of your vested account balance in the form of a preretirement survivor annuity. If you are married and you do not designate your spouse as your primary beneficiary for a portion of 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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Fidelity Investments

Account Application/Enrollment Form and Beneficiary Designation



1. YOUR INFORMATION

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

Social Security #: -- OR U.S. Tax ID #: -

Date of Birth: -- Date of Hire: --

First Name:

Last Name:

Mailing Address:

Address Line 2:

City: State:

Zip:

Daytime Phone: -- Evening Phone: --

E-mail Address:

Name of Employer:

Plan Numbers (if known): Employer City/State:

Employer Zip (if known):

If Plan Number is not known—Please select the Employer Plan Types for which you are enrolling (select all that apply):

- 403(b)
 401(a)
 401(k)
 457(b)

If the plan number is known and conflicts with a plan type selected, the plan number will dictate any type indicated herein.

I am: Single OR Married Name of Site/Division:

2. SELECTING YOUR INVESTMENT OPTIONS

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

Investment Options Please use whole percentages
Fund Code: **Fund Name:** **Percentage:**

<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %

Total = 100%



3. DESIGNATING YOUR BENEFICIARY(IES)

Please check here if you have more than two primary or two contingent beneficiaries.

The beneficiaries designated below shall apply to all the plan numbers named in Section 1. If you do not list plan numbers, this designation will apply to all retirement plans of the employer named in Section 1, when Fidelity recordkeepers beneficiary designations.

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:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	U.S. Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other	
2. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	U.S. Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other	Total = 100%

Contingent Beneficiary(ies)

If there is no primary beneficiary 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. **Please note:** Your primary beneficiary cannot be your contingent beneficiary.

1. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	U.S. Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other	
2. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	U.S. Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other	Total = 100%

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

4. SPOUSAL CONSENT

I am the spouse of the participant named in Section 1.

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 if allowed by plan, a plan representative.



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4. SPOUSAL CONSENT (CONTINUED)

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant turns attains 35 that my waiver of my spousal death benefit as determined by the retirement plan provisions will be restored to me on the earlier of (a) the first day of the plan year in which the participant attains age 35, or (b) the date the participant separates form service with the employer sponsoring the retirement Plan. After that date, in order for another person to receive the death benefit that would be restored to me, I would then need to consent to a new beneficiary designation.

Signature of Participant's Spouse:

Date:

To be completed by a notary public or representative of the plan (if provided for under the terms of your employer's plan):

Sworn before me this day

In the State of County of

Notary Public Signature:

My Commission Expires:

Notary stamp must be in the above box

As plan representative, I witnessed the spouse signing this form:

Date:

5. AUTHORIZATION AND SIGNATURE

Individual Authorization:

By executing this form

- I certify under penalties of perjury that my Social Security or U.S. Tax Identification 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 that it is my responsibility to read the prospectus(es) of any fund into which I exchange and agree to the terms.
- If my account is established under a Fidelity Investments Section 403(b) Individual Custodial Account Agreement I hereby adopt the Fidelity Investments Section 403(b)(7) Custodial Account ("The Program") and certify that I have received and read the Custodial Agreement. I acknowledge that the provisions of the Program shall be governed by the laws of the Commonwealth of Massachusetts. If my account is established under a Section 403(b) Group Custodial Agreement, I understand that my Employer and Fidelity Management Trust Company (FMTC) have executed a Fidelity Investments Section 403(b)(7) Custodial Account Agreement (the "Program") and that an account under the Program has been established on my behalf.
- 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 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 understand that my account may be subject to an annual maintenance and/or recordkeeping fee.

Your Signature:

Date:

Check this box if you are signing this form as an attorney-in-fact under a power of attorney.

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Fidelity Investments Institutional Operations Company, Inc.

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Transfer/Rollover Form

Instructions: Use this form to move assets to your Fidelity employer-sponsored retirement account from a previous investment provider. You may also use this form to consolidate multiple employer-sponsored retirement accounts currently at Fidelity. **If you do not have a retirement account with Fidelity, you must also complete an Account Application/Enrollment Form. An incomplete form may delay the processing of your request.**

Unless otherwise instructed by your employer, please return this transfer/rollover form in the postage-paid envelope provided **OR**

Return to:

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

If you are sending this using an overnight delivery service, please send to this address:

Fidelity Investments
100 Crosby Parkway, Mailzone KC1E
Covington, KY 41015

Questions? Call Fidelity Investments at 1-800-343-0860 or for the hearing impaired (TTY) 1-800-259-9743, Monday through Friday, 8 A.M. to midnight ET, for assistance with completing this form.

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:

City: State:

Zip: - E-mail address:

Daytime Phone: -- Evening Phone: --

2. INVESTMENT PROVIDER YOU ARE MOVING MONEY FROM

Name of investment provider you are moving money from
(e.g., VALIC, TIAA-CREF, Vanguard, ING, Lincoln):

Please include a copy of your most recent account statement from your investment provider.

Street Address:

City: State:

Zip: -

Phone: --

Please contact your previous investment provider to see if additional paperwork is required.



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3. ACCOUNT(S) OR CONTRACT(S) TO MOVE

Please provide information about the account(s)/contract(s) you wish to move to Fidelity. If no account or contract numbers are provided, we will use your Social Security number to request the assets to be moved. Please make additional copies of this page if you have more than two accounts/contracts to move.

3A. FIRST ACCOUNT (if more than one account, please complete section 3B):

Account or Contract Number:

The Account or Contract Number above is from:

- The same Employer as my Employer Plan with Fidelity
 A previous Employer (List the Employer Plan name)
 A Traditional or SEP IRA
 A Rollover IRA

Type of Account or Contract: (select at least one)

- 403(b) 401(a)/(k) 457(b) IRA

Liquidation Amount: (select one)

- Full Liquidation/100%
 Partial Liquidation % OR \$

Unless otherwise specified, we will move/liquidate 100%.

3B. SECOND ACCOUNT (if applicable).

Account or Contract Number:

The Account or Contract Number above is from:

- The same Employer as my Employer Plan with Fidelity
 A previous Employer (List the Employer Plan name)
 A Traditional or SEP IRA
 A Rollover IRA

Type of Account or Contract: (select at least one)

- 403(b) 401(a)/(k) 457(b) IRA

Liquidation Amount: (select one)

- Full Liquidation/100%
 Partial Liquidation % OR \$

Unless otherwise specified, we will move/liquidate 100%.

4. YOUR FIDELITY ACCOUNT INFORMATION

If you do not have a retirement account through Fidelity for the employer listed here, you must complete the enrollment process. For help with enrollment, please contact a Fidelity representative at 1-800-343-0860.

Employer sponsoring your Fidelity retirement account:

(This name appears on your Fidelity statement, or in your enrollment paperwork.)

Plan Number (if known):

OR City & State of Employer:

Type of account with this employer: 403(b) 401(a)/(k) 457(b)

If you do not know the type of account, please contact your Fidelity representative at 1-800-343-0860.

5. INVESTMENT INSTRUCTIONS

Would you like the assets invested in your current investment selection? Yes If no, specify below:

Fund Name:

OR

Fund Code:

OR

OR

OR

Percentage:

			%
			%
			%
			%

Total = 100%

If no investment options are selected, the assets will be allocated to your current investment selection. The transfer or rollover will be allocated to your current investment election on file with Fidelity for the Plan unless you complete the above investment instructions. Your entire contribution will be invested in the Plan's default fund if the Investment Instructions are incomplete or if you select a fund that is not available.

6. EMPLOYER PLAN ACCEPTANCE

An authorized signature from the employer that sponsors your Fidelity retirement account may be required. To verify if this section needs to be signed, contact your Human Resources office, or a Fidelity Representative at 1-800-343-0860 or for the hearing impaired (TTY) 1-800-259-9743.

Employer Authorized Signature:

Date:

Employer Authorized Printed Name:

7. YOUR SIGNATURE

By signing this form:

- I hereby agree to the terms and conditions stated in this Form and certify that I am requesting a rollover or transfer of my retirement plan assets in accordance with applicable IRS and plan rules.
- I certify under the penalties of perjury that my Social Security number on this form is correct.
- I acknowledge that I have read the prospectus(es) for any mutual fund in which I invest and agree to the terms.
- I hereby direct the investment provider identified on this form to liquidate the designated amount of the account(s) listed on this form, and to release the proceeds to my account under my employer's plan, except to the extent my current employer or any of my former employers prohibit such release. In the event of such prohibition, I hereby direct said investment provider to retain the nontransferable portion of my account(s) in a separate account or contract and to release the remainder.
- I hereby agree that if my assets will be sent to Fidelity in installments, the first installment may be invested according to my instructions on this form. All subsequent installment payments as well as any residual balances not received within 30 days will be invested according to my current investment elections at the time my assets are received by Fidelity.

For 403(b)-to-403(b) transfers (not rollovers)

- I understand that any balances I am transferring from a 403(b)(1) annuity into a 403(b)(7) custodial account may be subject to more restrictive withdrawal provisions.
- I direct Fidelity to treat all monies as pretax contributions made subsequent to 12/31/88 unless my prior investment provider provides Fidelity with account balances as of 12/31/88 and post-1988 salary reduction contributions.
- I understand that if I transfer a contribution source that is not allowed by the Plan, the value associated with the unacceptable source will be returned to the investment provider named in Section 2.
- I direct Fidelity to treat the entire balances as subject to minimum distribution requirements unless my prior investment provider provides Fidelity with account balances as of 12/31/86.
- I direct Fidelity to allocate the entire balance to the most restrictive source in the current employer's plan unless my prior investment provider provides Fidelity with the sources of the transferred amount under the previous plan.

Your Signature:

Date:



Please sign here!

Transfer/Rollover Checklist:

Here is a checklist to ensure that your request is in good order.

Please remember to:

- Include your most recent account statement from the Previous Investment Provider
- Indicate the amount or percentage of money you are moving to Fidelity
- Obtain the Employer Authorized Signature (contact your Human Resources office or Fidelity to verify if this is required)
- Sign the form
- Return this form in the enclosed postage-paid envelope **OR**

Return to:

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

If you are sending this using an overnight delivery service, please send to this address:

Fidelity Investments
100 Crosby Parkway, Mailzone KC1E
Covington, KY 41015

Please contact your previous investment provider to see if additional paperwork is required.

Fidelity Acceptance of Transfer/Rollover (FIDELITY INTERNAL USE ONLY):

INFORMATION REQUESTED OF TRANSFERRING INVESTMENT PROVIDER

Please provide the following information on the check:

- FBO
- Social Security number

Please make the check payable to **Fidelity Management Trust Company** and return it to:

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

In addition please provide the following either on the check or by separate letter:

1. For hardship distribution restriction:

- Account balance as of 12/31/88
- Post-1988 salary reduction contributions
- Post-1988 non-salary reduction contributions (e.g., employer monies)

2. For minimum distribution requirements 403(b) plan transfers:

- Account balance as of 12/31/86

3. Please provide the dollar amount or percentage of the breakdown of each money type being transferred.

- Portion of transfer — employee pre-tax
- Portion of transfer — employee after-tax
- Portion of transfer — employer matching

For Internal Use Only

Fidelity Investments hereby agrees to accept the transfer/rollover described above for deposit in the 403(b)/401(a)/401(k)/ 457(b) Account established on behalf of the individual.

Authorized Signature:

X

Date:

□ □ - □ □ - □ □ □ □