

# Fidelity Investments

## 457(b) Enrollment Form and Beneficiary Designation

### 1. GENERAL INSTRUCTIONS

**Opening a new account:** Please complete this form 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.

**Moving assets from an existing plan:** To make a transfer or rollover contribution, you will need to complete a transfer/rollover form. 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**

**Questions?** Call Fidelity Investments at 1-800-343-0860 Monday through Friday from 8:00 a.m. to midnight ET, or visit us at [www.fidelity.com/atwork](http://www.fidelity.com/atwork).

### 2. SELECTION OF 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 three primary and three contingent beneficiaries.** To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper.

**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 beneficiary(ies) who survives you. If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary's designated share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentage selected for them.

### 4. AUTHORIZATION

**Please provide your signature.**

Fidelity Investments Institutional Operations Company, Inc.



5VFITSANS001G



## 1. YOUR INFORMATION

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

Social Security #:	<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"/>	Date of Birth:	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
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Name of Site/Division:	<input type="text"/>												Plan Number:	<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"/>		
I am:	<input type="checkbox"/>	Single	OR	<input type="checkbox"/>	Married																				

## 2. SELECTION OF 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"/> %
<b>Total:</b>		<b>= 100%</b>

### 3. DESIGNATING YOUR BENEFICIARY(IES)

☐ Please check here if you have more than three primary or 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 account(s) under the plan upon my death.

1. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:		
	<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR <input type="checkbox"/> Other
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:		
	<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR <input type="checkbox"/> Other
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:		
	<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(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. **Please note:** Your primary beneficiary cannot be your contingent beneficiary.

1. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:		
	<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR <input type="checkbox"/> Other
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:		
	<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR <input type="checkbox"/> Other
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:		
	<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. AUTHORIZATION AND SIGNATURE

**Individual Authorization:** By executing this form

- 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 that it is my responsibility to read the prospectus(es) of any fund into which I exchange and agree to the terms.
- 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 with a later date.
- I am aware that the beneficiary information provided herein shall apply to all my Fidelity Accounts under the plan listed in section 1 for which FMTC (or its affiliates and/or any successor appointed pursuant to the terms of such Accounts or trust agreement in effect between FMTC and my Employer, as applicable) acts as trustee or custodian, and shall replace all previous designation(s) I have made on any of my Accounts.
- **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.
- 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.

Your Signature:

Date:



You must use one of the following sections A, B, or C in its entirety based on applicable plan type for Section 5.

**A.** The following language is required on 403(b) Application forms (when the plan has elected to use Individual Custodial Agreements):

- [• I hereby adopt the Fidelity Investments 403(b)(7) Custodial Account (“The 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 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 recognize that although Fidelity Management Trust Company is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my 403(b) account may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC.]

**B.** The following language is required on 403(b) Enrollment forms (when the plan has executed a Group Custodial Agreement):

- [• I understand that my Employer and Fidelity Management Trust Company 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 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, distributions will be based on my employer’s 403(b) 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) account may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC.]

**C.** The following language is required on 401(a), 401(k) and 457 plan Enrollment forms:

- [• 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.
- 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.]