

Fidelity Investments

Qualified Plan Beneficiary Designation Form

Instructions: Please complete and sign this form if you are opening a new account and want to designate a beneficiary or if you want to change your beneficiary designation on your existing account. In the future you may revoke this form and designate a different beneficiary by completing and delivering another Beneficiary Designation Form to Fidelity.

Unless otherwise instructed by your employer, please complete and return this form in the postage-paid envelope *or* mail 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 online at fidelity.com/atwork.

1. YOUR INFORMATION

Please use a 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: - -

Name of Employer Sponsoring the Plan: Plan Number (if known):

Parent Organization (or related association if applicable):

2. DESIGNATING YOUR BENEFICIARY(IES)

I am: Single **OR** Married

If you are married and your account is subject to Employee Retirement Income Security Act (ERISA) (i.e., your employer is not a government unit or church and makes contributions) 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 the amount payable in the form of a joint and 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.

You are not limited to four primary and four contingent beneficiaries. To designate additional beneficiaries, please attach, date, and sign 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 trustee's name and address on a separate piece of paper.



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Please check here if you have more than four 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"/>	Relationship to Applicant:			
<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"/>	<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"/>	Relationship to Applicant:			
<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"/>	<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"/>	Relationship to Applicant:			
<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"/>	<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
4. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%	
Date of Birth or Trust Date:	<input type="text"/>	Relationship to Applicant:			
<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"/>	<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
			<hr/>	100	%

Unless otherwise specified by your 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 survive(s) me. If a percentage is indicated and a primary beneficiary(ies) do(es) not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

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(s) is to be distributed to my contingent beneficiary(ies) listed below.

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"/>	Relationship to Applicant:			
<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"/>	<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"/>	Relationship to Applicant:			
<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"/>	<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"/>	Relationship to Applicant:			
<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"/>	<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
4. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%	
Date of Birth or Trust Date:	<input type="text"/>	Relationship to Applicant:			
<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"/>	<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
			<hr/>	100	%

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

3. AUTHORIZATION AND SIGNATURE

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct
- 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 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, my estate, unless my employer's plan provides otherwise
- I am aware that the beneficiary information provided herein shall apply to all of my account(s) under the plan listed in Section 1 and shall replace all previous designation(s) I have made to my account under the plan.

Your Signature:

Date:



Please be sure to sign.

4. SPOUSAL CONSENT

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) the beneficiary designation is not valid unless I hereby consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation(s).

I acknowledge that if my consent to such beneficiary designation is obtained before the first day of the plan year in which my spouse attains age 35 or the date my spouse separates from service if earlier, such consent will become ineffective as of (a) the first day of the plan year in which my spouse attains age 35 or (b) the date my spouse separates from service, whichever comes first.

I further acknowledge that if my consent becomes ineffective due to the above described rule, my spouse must complete a new beneficiary designation with any necessary spousal consent from me, in order for such beneficiary designation to become effective.

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):

Plan Authorized Signature:

Sworn before me this day

Plan Signature Name and Title:

In the State of , County of

Notary Public Signature:

My Commission Expires:

Notary stamp must be in the above box

