

# Fidelity Investments

## Non-Qualified Beneficiary Designation Form

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

Please complete this form and return it 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.

### 1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

This is a:  New account **OR**  Change to an existing beneficiary designation

Social Security #:

Date of Birth:

First Name & M.I.:

Last Name:

Street Address:

Apt. No:

City:

State:

Zip:

Name of Current Employer/Site/Division:

Plan Number (if known):

Type of Plan:

 457 Section 83

Daytime Phone:

Evening Phone:

### 2. DESIGNATING YOUR BENEFICIARY(IES)

I am:  Single  Married

**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 trust's name and address, the date the trust was created, and the trustee's name. Please refer to back page of form for further instructions.

#### 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:



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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 survives 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).

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:	<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 or Trustee Name:	<input type="text"/>	
	<input type="text"/>			
2. 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 or Trustee Name:	<input type="text"/>	
	<input type="text"/>			
3. 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 or Trustee Name:	<input type="text"/>	
	<input type="text"/>			
4. 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 or Trustee Name:	<input type="text"/>	
	<input type="text"/>			

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, distributions will be made based on the provisions of the plan
- I am aware that the beneficiary information provided herein shall apply to all of my accounts 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.**