Fidelity Investments®
403(b) 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 accounts. In the future, you may revoke this form and designate a different beneficiary by completing and delivering another Beneficiary Designation Form to Fidelity. The beneficiary designation on this form will apply to your Fidelity Investments 403(b)(7) Custodial Account established in connection with your Employer's 403(b) Plan.

Unless otherwise instructed by your Employer, please return this form in the postage-paid envelope *or* to:

Fidelity Investments Tax-Exempt Services Company, P.O. Box 31401, Salt Lake City, UT 84131-9921

Questions? Call Fidelity Investments Tax-Exempt Services Company at 1-800-343-0860, Monday through Friday, 8 a.m. to midnight, ET.

1. Your Information

Please use a pen and print clearly in CAPITAL LETTERS.

This is a: **New account** beneficiary designation.

Change to an existing beneficiary designation.

Social Security Number:

Date of Birth:

Name (first, middle initial, last):

Name of Current Employer/Site/Division:

Daytime Phone:

Evening Phone:

2. Designating Your Beneficiary(ies)

I am: Single. Married.

If you are married and your Plan is subject to the Employee Retirement Income Security Act (ERISA) (e.g., your employer is not a government unit or church) and you do not designate your spouse as your primary beneficiary for at least 50% (or a higher percentage if so provided under your Employer's Plan) 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 spousal consent and any additional beneficiary requirements specific to your Plan.

If your Plan is subject to ERISA or other spousal consent requirements, and you are married and under 35 years of age and you do not designate your spouse as your primary beneficiary for at least 50% of your account balance (or higher percentage, if so provided under your Employer's Plan), 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 you separate from service, whichever comes first, and your spouse must complete a spousal consent on a new Beneficiary Designation form to reinstate the beneficiary designation(s) established herein.

You are not limited to four primary and four contingent beneficiaries. To designate additional beneficiaries, please attach 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.

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 (month, day, year): Relationship or Trustee Name:

2. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date (month, day, year): Relationship or Trustee Name:

3. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date (month, day, year): Relationship or Trustee Name:

4. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date (month, day, year): Relationship or Trustee Name:

Unless otherwise specified by the Plan, if more than one person is named and no percentages are indicated, I understand that payment will be made in equal shares to my primary beneficiaries who survive me. If a percentage is indicated and any primary beneficiary does 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 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 on the other side.

Please complete and sign the other side. →

Contingent Beneficiary(ies)

1. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date (month, day, year): Relationship or Trustee Name:

2. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date (month, day, year): Relationship or Trustee Name:

3. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date (month, day, year): Relationship or Trustee Name:

4. Individual or Trust Name: Percentage: %

Date of Birth or Trust Date (month, day, year): Relationship or Trustee Name:

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

3. Authorization and Signature

Individual Authorization: By executing this Beneficiary Designation Form:

- I certify under penalties of perjury that my Social Security number in Section 1 is correct;
- I understand that I may designate a beneficiary for my assets accumulated in my Fidelity Investments 403(b)(7) Custodial Account, 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 403(b) Plan provides otherwise;
- 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 to Fidelity another completed and signed Beneficiary Designation Form with a later date;
- I am aware that the beneficiary information provided herein shall apply to all my Fidelity 403(b)(7) Accounts for which Fidelity Management Trust Company (or its affiliates and/or any successor appointed pursuant to the terms of such 403(b)(7) Accounts, as applicable) acts as custodian, and shall replace all previous designation(s) I have made on any of my 403(b)(7) Accounts.

Your Signature: Date:

4. Spousal Consent

This section does not need to be completed if you are single, or your spouse is your primary beneficiary for at least 50% of your vested account balance (or a higher percentage, as described in Section 2), or your Plan is not subject to ERISA, as described in Section 2.

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, if my spouse is currently under 35 years of age and this beneficiary designation therefore 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, that I must complete a new spousal consent in order for such beneficiary designation to be reinstated.

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 and agreed to in writing by the Plan Custodian):*

Sworn to me this _______ day of _________________, 19_______

In the State of____________, County of___________________

____

Notary Public