

Fidelity Investments 403(b)(7)/401(a) Beneficiary Designation

1. GENERAL INSTRUCTIONS

Opening a new account: Please complete and sign this form if you are opening a new Fidelity 403(b)(7) account and/or a 401(a) plan account with Fidelity Investments (Fidelity accounts) and want to designate a beneficiary.

Change of Beneficiary: Please complete and sign this form if you want to change your existing beneficiary designation. In the future, you may revoke this form and designate a different beneficiary at any time by completing and filing another Beneficiary Form with Fidelity.

No Beneficiary Designation on File: If you do not submit this completed form: (1) if you are married, your beneficiary will be your spouse; (2) if you are not married or your spouse does not survive you, your account will be distributed according to the provisions of the plan.

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

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

Questions? Please call Fidelity Investments at 1-800-343-0860, Monday through Friday, 8 a.m. to midnight Eastern time.

2. 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 (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 name of the trustee, and the date the trust was created.

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 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.

3. SPOUSAL CONSENT

Spousal Consent: If you are married and name a primary beneficiary other than your spouse, your plan may require that your spouse consent to the beneficiary designation. Please contact your employer or Fidelity if you have questions regarding the spousal consent requirement. When spousal consent is required, your spouse's signature must be witnessed by a notary public or in some situations by a plan representative.

Age 35 Requirement: I understand that if this beneficiary designation is executed prior to the first day of the plan year in which I attain age 35 that my spouse will become the beneficiary on the earlier of (1) the first day of the plan year in which I attain age 35, or (2) the date that I separate from service with the employer sponsoring the retirement Plan. I understand that if I do not wish for my spouse to be my beneficiary at that time, I need to complete a new Beneficiary Designation.

4. AUTHORIZATION

Please provide your signature.

Fidelity Investments Institutional Operations Company, Inc.



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Fidelity Investments 403(b)(7)/401(a) Beneficiary Designation

1. YOUR INFORMATION

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

I am: Opening a new Fidelity account **OR** Changing my existing beneficiary designation for my Fidelity account(s)

Social Security #: -- Date of Birth: --

First Name:

Last Name:

Mailing Address:

Address Line 2:

City: State:

Zip:

Daytime Phone: -- Evening Phone: --

E-Mail:

Name of Current Employer:

Parent Organization (or related association if applicable):

I am: Single **OR** Married

2. DESIGNATING YOUR BENEFICIARY(IES)

The beneficiary designation applies to the plan or plans selected below.

Both the 403(b)(7) and 401(a) plans of the Current Employer named in Section 1.

The 403(b)(7) plan of the Current Employer named in Section 1.

The 401(a) plan of the Current Employer named in Section 1.

Please note: If you choose to designate available plan types differently, you must complete separate forms for each plan type.

2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

Please check here if you have more than two primary or two 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"/>		<input type="text"/>	
Social Security Number:	OR	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	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	
			<hr/> 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.

1. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	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	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	
			<hr/> Total = 100%

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

3. SPOUSAL CONSENT

I hereby consent to the designation of the beneficiary(ies) listed above. 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 the plan, a plan representative.

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant attains age 35, then my rights to receive the death benefit as determined by the retirement plan provisions will be restored to me on the earlier of (1) the first day of the plan year in which the participant attains age 35, or (2) the date the participant separates from service with the employer sponsoring the retirement Plan.

I further acknowledge that if my consent becomes ineffective due to the above described rule, I understand that I must complete a new spousal consent on the Beneficiary Designation Form 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):

Sworn before me this day

In the State of County of

Notary Public Signature:

Notary stamp must be in the above box

My Commission Expires:

Witnessed by a plan representative:

Date:

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 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 with 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, distributions will be made in accordance with the Fidelity Investments 403(b)(7) Custodial Agreement and/or the provisions of my employer's 401(a) plan.
- I am aware that the beneficiary information provided herein shall apply to all my accounts under the 401(a) plan and all my 403(b)(7) accounts for the Current Employer named in Section 1 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 accounts.

Your Signature:

Date:

