

FIDELITY INVESTMENT-ONLY (NON-PROTOTYPE) RETIREMENT ACCOUNT APPLICATION

Complete all relevant sections, sign in ink, and return to Fidelity in the postage-paid envelope or mail to: Fidelity Investments, PO Box 770001, Cincinnati, OH 45277-0036.

IMPORTANT INFORMATION

Please read the important information on the next page before completing this application.

1 ACCOUNT SETUP

Please complete the information as it should appear on your account. **All fields in bold are required for opening an account.**

Note: The application cannot be used to open a participant-directed pooled account; you may, however, use this application to set up a trustee-directed pooled account or “For the Benefit Of” (FBO) accounts for underlying plan participants, as needed. You must complete an application for each FBO account.

2 FINANCIAL PROFILE

We are required by the Financial Industry Regulatory Authority (FINRA) and other industry regulators to obtain the information in this section.

3 FUNDING YOUR ACCOUNT

You may pay by check or by transferring assets (from your bank or another account). Simply check the appropriate box(es) to fund your account.

4 ACCOUNT FEATURES

Your account has a wide range of features to help you manage your plan. More information on each of these services is included in this section.

5 SIGNATURE

Please be sure to sign your application in ink. **We cannot process your application without your signature.**

QUESTIONS?

For more information



1-800-FIDELITY or **Fidelity.com**
(1-800-343-3548)

Important information

Please read the following before completing this application.

- If you do not have an existing Fidelity Non-Prototype Retirement Account, you must attach copies of the pages of your plan document trust agreement, and/or adoption agreement, as applicable, that contain the following:

- Full trust name
- Identity of trustees
- Trustee signatures

Generally, this information can be found on the first and last pages of the trust document.

- Fidelity provides only the investment vehicle for non-prototype retirement plans and does not provide any trustee, recordkeeping, tax withholding, or tax reporting services.
- Your plan must be a qualified plan under Section 401(a) of the Internal Revenue Code. Plans that are qualified under Section 401(a) include defined contribution plans [such as 401(k)s, money purchase, profit sharing] and defined benefit plans. Plans that are not qualified under 401(a) include, but are not limited to, 403(b) plans and IRAs.
- Your account investment activity must be fully disclosed to Fidelity to ensure protection of our mutual fund shareholders. Therefore, you may not use this application to establish a *participant-directed* pooled account for your plan. Fidelity defines a participant-directed pooled account as follows: A pooled account is a single account that pools the holdings of more than one participant (or beneficial owner) whose identity is not disclosed to Fidelity and who has the ability to effect transactions,* and for which subaccounting is performed by the pooled account owner or a third party.
- This application can be used to open either a trustee-directed pooled account or a “For the Benefit Of” (FBO) account to benefit one participant.
 - Option A: For a *trustee-directed pooled account*, all investments are owned at the plan level and all investment activity is directed by the trustee(s). The underlying participants do not have the ability to effect transactions* and subaccounting is not performed at the participant level by the account holder/trustee or a third party.

Most defined benefit plans are trustee-directed pooled accounts.

 - Option B: For *individual FBO accounts*, assets for each participant are held in separate accounts. To open an account for more than one participant, complete one application per participant.

*Ability to “effect transactions” is defined as a participant’s ability to effect any transaction, including—but not limited to—directing a payroll contribution, requesting an exchange, a loan, a withdrawal (including a hardship withdrawal), a transfer, redemption, and auto-rebalancing, as well as the ability to direct investment activity and ability to trade in the account.

1 ACCOUNT SETUP

PLAN INFORMATION

Check here if you have an existing Non-Prototype Retirement Account with Fidelity and you are adding a participant to your plan. If you checked this box, you are not required to include plan documentation as requested on the opposite page.

Sponsoring Company Name _____

Plan Name [e.g., ABC Company 401(k) Plan] _____

Plan's Permanent Address _____
(no PO boxes) Street City State ZIP

Mailing address _____
(if different from above) Street City State ZIP

State/Country of organization _____

Date Plan Established _____ **Plan Tax Identification Number** _____
(mm/dd/yyyy)

Plan Structure (Choose Either Option A or Option B)

Option A: This is a trustee-directed pooled account in which all investments are owned at the plan level and all investment choices are made by the trustee. The underlying participants do not have the ability to effect transactions and subaccounting is not performed at the participant level by the account holder/trustee or a third party. Ability to “effect transactions” is defined as a participant’s ability to effect any transaction, including—but not limited to—directing a payroll contribution, requesting an exchange, a loan, a withdrawal (including a hardship withdrawal), a transfer, a redemption, and auto-rebalancing, as well as the ability to direct investment activity and ability to trade in the account.

Most defined benefit plans are trustee-directed pooled accounts.

Option B: This is an account for one participant (also known as “For the Benefit Of” [FBO] account). For *individual FBO accounts*, assets for each participant are held in separate accounts. Please provide the participant’s information below:

Name of Participant _____
First Name Middle Name Last Name Social Security Number

Type of Plan (check one box that describes your company’s retirement plan)

401(k) [401k] Profit Sharing [PS] Money Purchase [MP] Defined Benefit/Pension Plan [DEFB]
 Other Qualified Plan [QP] _____

List all plan trustee(s). If more than two trustees, please attach a separate piece of paper with their names and required information from the trustee section in Account Setup. You must, however, include the signature of each trustee on this application. (If necessary, utilize the space beneath the “For Fidelity Use Only” box on page 7 to include additional signatures.) The first trustee listed below will receive all account correspondence at the plan’s address provided on the previous page.

PLAN TRUSTEE 1

Full legal name _____
First Name Middle Name Last Name

Email address _____ **Date of birth (mm/dd/yyyy)** _____

If you provided an email address, you have indicated your preference to receive communications electronically. Fidelity will email you instructions to enroll and consent to eDelivery of all eligible documents or you can go to www.Fidelity.com/eDelivery to enroll once your account is established.



1 ACCOUNT SETUP (CONTINUED)

Social Security number _____ or **Taxpayer ID number** _____

Permanent address _____
(no PO boxes) Street City State ZIP

Mailing address _____
(if different from above) Street City State ZIP

Phone numbers Home _____ Work _____ Ext. _____

Country of citizenship U.S. Other _____ Country of tax residence U.S. Other _____

Citizenship

Indicate your citizenship status. ▶

U.S. citizen

Foreign citizen *Information in this box must be completed.*

Permanent U.S. resident Non-permanent U.S. resident Nonresident of U.S.

Country of Citizenship	Country of Tax Residency
City, State/Province, and Country of Birth	

Passport Employment Authorization Document
 DHS Permanent Resident Card Foreign national identity document

Check one and **attach a copy of a valid and unexpired government ID** showing number and photo. ▶

Employment status Employed Not employed Retired _____
Occupation (if retired or not employed, indicate source of income)

Employer's name _____

Address _____ City _____ State _____ ZIP _____

ASSOCIATIONS

If you are employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), a municipal securities dealer, or other financial institution, or are the spouse or an immediate family member residing in the same household of someone who meets the aforementioned employment criteria, provide the company's name and address below. By providing this information and completing this form, you hereby authorize Fidelity to provide the associated person's employer with duplicate copies of confirmations and statements, or the transactions data contained therein, for your account(s) and any accounts you choose to have on a consolidated statement for purposes of their compliance review.

As a person associated with a member firm, you are obligated to receive consent from that firm. Fidelity has existing consent agreements with many firms for their employees to maintain accounts with Fidelity and to deliver transactional data. If your firm is not one of them, Fidelity will attempt to contact your firm's compliance office. ▶

Company Name			
Company Address			
City	State/Province	ZIP/Postal Code	Country

1 ACCOUNT SETUP (CONTINUED)

AFFILIATIONS

If you, your spouse, or any of your relatives (including parents, in-laws, and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, a 10% shareholder, or a policy-making officer of a publicly traded company (an "Affiliate"), you just provide the information below. If there are more than two Affiliates, make a copy of this section.

Affiliate's Company Name	Trading Symbol or CUSIP
Affiliate's Company Name	Trading Symbol or CUSIP

PLAN TRUSTEE 2

Full legal name _____
First Name Middle Name Last Name

Email address _____ **Date of birth (mm/dd/yyyy)** _____

If you provided an email address, you have indicated your preference to receive communications electronically. Fidelity will email you instructions to enroll and consent to eDelivery of all eligible documents or you can go to www.Fidelity.com/eDelivery to enroll once your account is established.

Social Security number _____ or **Taxpayer ID number** _____

Permanent address _____
(no PO boxes) Street City State ZIP

Mailing address _____
(if different from above) Street City State ZIP

Phone numbers Home _____ Work _____ Ext. _____

Country of citizenship U.S. Other _____ **Country of tax residence** U.S. Other _____

Citizenship

Indicate your citizenship status. U.S. citizen

Check one and attach a copy of a valid and unexpired government ID showing number and photo. ▶

Foreign citizen *Information in this box must be completed.*

Permanent U.S. resident Non-permanent U.S. resident Nonresident of U.S.

Country of Citizenship	Country of Tax Residency
City, State/Province, and Country of Birth	

Passport Employment Authorization Document
 DHS Permanent Resident Card Foreign national identity document

Employment status Employed Not employed Retired _____
Occupation (if retired or not employed, indicate source of income)

Employer's name _____

Address _____ City _____ State _____ ZIP _____

1 ACCOUNT SETUP (CONTINUED)

ASSOCIATIONS

As a person associated with a member firm, you are obligated to receive consent from that firm.

Fidelity has existing consent agreements with many firms for their employees to maintain accounts with Fidelity and to deliver transactional data. If your firm is not one of them, Fidelity will attempt to contact your firm's compliance office.

If you are employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), a municipal securities dealer, or other financial institution, or are the spouse or an immediate family member residing in the same household of someone who meets the aforementioned employment criteria, provide the company's name and address below. By providing this information and completing this form, you hereby authorize Fidelity to provide the associated person's employer with duplicate copies of confirmations and statements, or the transactions data contained therein, for your account(s) and any accounts you choose to have on a consolidated statement for purposes of their compliance review.

Company Name			
Company Address			
City	State/Province	ZIP/Postal Code	Country

AFFILIATIONS

If you, your spouse, or any of your relatives (including parents, in-laws, and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, a 10% shareholder, or a policy-making officer of a publicly traded company (an "Affiliate"), you just provide the information below. If there are more than two Affiliates, make a copy of this section.

Affiliate's Company Name	Trading Symbol or CUSIP
Affiliate's Company Name	Trading Symbol or CUSIP



2 FINANCIAL PROFILE (REQUIRED)

YOUR INVESTMENT OBJECTIVE

You should choose your investments for this account based on your objectives, time frame, and tolerance for market fluctuation. From short-term liquid investments that seek to preserve capital (accepting the lowest returns in exchange for stability) to longer-term investments that seek maximum growth (but can tolerate very wide fluctuations in performance), you can choose an approach that's best for you. Simply check the box below that most closely matches your investment objective.

Check one profile. (Determine your profile using the information below.)

SAMPLE PORTFOLIO MIX

Asset Class

- Short-Term
- Foreign Stocks
- U.S. Domestic Stocks
- Bonds

1 Short-Term
 2 Conservative
 6 Balanced
 3 Growth
 5 Aggressive Growth
 4 Most Aggressive

100%

50%
30%
14%
6%

40%
10%
15%
35%

25%
5%
21%
49%

25%
15%
60%

30%
70%

Lower risk
Shorter time frame
←
→
Higher risk
Longer time frame

- Short-Term** You seek to preserve your capital and can accept the lowest returns in exchange for price stability.
- Conservative** You seek to minimize fluctuations in market values by taking an income-oriented approach with some potential for capital appreciation (minimum required for writing covered call options).
- Balanced** You seek the potential for capital appreciation and some income and can withstand moderate fluctuations in market value.
- Growth** You have a preference for growth and can withstand significant fluctuations in market value.
- Aggressive Growth** You seek aggressive growth and can tolerate wide fluctuations in market values, especially over the short term.
- Most Aggressive** You seek very aggressive growth and can tolerate very wide fluctuations in market values, especially over the short term (required for options strategies other than writing covered call options).

Generally, among asset classes, stocks may present more short-term risk and volatility than bonds or short-term instruments, but may provide greater potential return over the long term. Although bonds generally present less short-term risk and volatility than stocks, bonds do entail interest rate risk (as interest rates rise, bond prices usually fall, and vice versa) and the risk of default, or the risk that an issuer will be unable to make income or principal payments. Additionally, bonds and short-term investments entail greater inflation risk, or the risk that the return of an investment will not keep up with increases in the prices of goods and services, than stocks. Finally, foreign investments, especially those in emerging markets, involve greater risk and may offer greater potential return than U.S. investments.

Check one box in each column that represents your company's investment profile.

ANNUAL INCOME (from all sources)	ESTIMATED NET WORTH (excluding residence)	ESTIMATED LIQUID NET WORTH	FEDERAL TAX BRACKET
<input type="checkbox"/> 1 Under \$20,000	<input type="checkbox"/> 1 Under \$30,000	<input type="checkbox"/> 1 Under \$15,000	<input type="checkbox"/> 1 ≤15%
<input type="checkbox"/> 2 \$20,000–\$50,000	<input type="checkbox"/> 1 \$30,000–\$50,000	<input type="checkbox"/> 1 \$15,000–\$50,000	<input type="checkbox"/> 2 25%
<input type="checkbox"/> 3 \$50,001–\$100,000	<input type="checkbox"/> 2 \$50,001–\$100,000	<input type="checkbox"/> 2 \$50,001–\$100,000	<input type="checkbox"/> 3 ≥28%
<input type="checkbox"/> 4 Over \$100,000	<input type="checkbox"/> 3 \$100,001–\$500,000	<input type="checkbox"/> 3 \$100,001–\$500,000	
	<input type="checkbox"/> 4 Over \$500,000	<input type="checkbox"/> 4 Over \$500,000	

Be sure to sign this application before returning to Fidelity. Please continue. →



3 FUNDING YOUR ACCOUNT

The minimum initial deposit required to open this account is generally \$500 in cash and/or eligible securities. You may fund your Fidelity Account in any of the four ways listed below:

BY CHECK

I have enclosed a check for \$ _____ made payable to **Fidelity Investments**, to be deposited to my core Fidelity Account.

TRANSFER FROM OTHER FIRM

I am transferring money or securities from another firm and have included a Transfer of Assets form (complete the enclosed form).

BY WIRE

I am wiring funds to Fidelity from my bank or brokerage firm. (Contact a Fidelity Representative for further instructions.)

TRANSFER FROM EXISTING FIDELITY NON-PROTOTYPE RETIREMENT ACCOUNT

I am transferring all shares or positions from my Fidelity Mutual Fund Non-Prototype Retirement Account to my Fidelity Brokerage Non-Prototype Retirement Account. My account number is:

_____ - _____

PURCHASE FUNDS

Please purchase a mutual fund(s) as indicated below. I understand the fund(s) can only be purchased consistent with its prospectus at the next available share price on the day of deposit of my retirement money to my core account. I have read the prospectus for this fund. If no selection is made, I understand that deposits will be invested in the core account, which is the Fidelity Government Money Market Fund.

Fund Family _____ Fund Name _____

Fund Symbol _____ Amount \$ _____

Fund Family _____ Fund Name _____

Fund Symbol _____ Amount \$ _____

4 ACCOUNT FEATURES

You may select additional features for this account.

DUPLICATE STATEMENTS AND CONFIRMS

Activity in this account will be reported on a statement and automatically sent to the first trustee at the plan address. If you, the trustee, would like a participant or other party to be named as an interested party to receive duplicate statements and confirmations for this account, provide the information below.

Interested Party Name _____
Name

Street _____ City _____ State _____ ZIP _____

CHECKWRITING¹

This service allows you to write checks on the cash in your core account. Please sign and attach the Fidelity Checkwriting Form.

MARGIN CREDIT²

Check this box if your plan allows margin and you would like this account to be considered for this feature. In addition to risks generally applicable to margin borrowing, utilizing margin within a tax-advantaged retirement account poses additional risks, including 1) using account assets to satisfy margin calls reduces tax-advantaged savings, 2) annual contribution limits may restrict a plan trustee's ability to satisfy margin calls, and 3) debt-financed investment income within a tax-advantaged account can generate unrelated business taxable income (UBTI). You are strongly encouraged to consult your tax or benefits advisor prior to utilizing margin borrowing on this account.

¹All checks written will be reported on your account statement. Fidelity must have the signed form on file to establish this service.

²Subject to Fidelity's approval. May require a review of your credit history. Margin borrowing involves additional risks and is not suitable for all investors. By checking the box and signing this application, you acknowledge that you have read the margin agreement section of the Fidelity Brokerage Non-Prototype Retirement Account Customer Agreement and agree to its terms.



5 SIGNATURE (ALL OWNERS MUST SIGN THE APPLICATION)**LIMITED TRADING AUTHORITY**

As trustee, it is your responsibility to ensure that all account transaction and investment instructions provided are in accordance with the underlying plan and trust. This feature gives the plan participant or other third party the right to inquire, trade, buy, sell, and exchange (but not make cash withdrawals) within the account without the involvement of the trustee.

Note: If you do authorize plan participants to make exchanges, you will not be able to limit the investment choices your employees can access. To add this feature, you must complete and submit a Fidelity Trading Authority Form.

On behalf of the Trust, I hereby request Fidelity Brokerage Services LLC and National Financial Services LLC (collectively, “Fidelity” or “you”) to open a Fidelity Brokerage Non-Prototype Retirement Account in the name of the plan listed as account owner on this application. The Trustee(s) of such plan hereby certifies the following:

- Fidelity has the authority to accept orders and other instructions relative to the Trust accounts identified herein from those individuals or entities listed in Section 1. They may execute any documents on behalf of the Trust which you may require. By signing this form, the Trustee(s) hereby certifies(y) that you are authorized to follow the instructions of any Trustee and to deliver funds, securities, or any other assets in the brokerage account to any Trustee or on any Trustee's instructions, including delivering assets to a Trustee personally. Fidelity, in its sole discretion and for its sole protection, may require the written consent of any or all Trustees prior to acting upon the instructions of any Trustee.
- There are no Trustee(s) of the Trust other than those listed in Section 1 or identified on a separate piece of paper attached to this application. The attached pages of the Trust document are true copies of the valid legal plan document currently in effect.
- Should only one person execute this agreement, it shall be a representation that the signer is the sole Trustee. Where applicable, plural references in this certification shall be deemed singular.
- We, the Trustees, assume all fiduciary responsibility as Trustee(s) of the plan assets, as well as administrative responsibility for all applicable recordkeeping, tax reporting, and tax withholding requirements.
- We, the Trustees, have obtained, and will maintain, a plan and Trust agreement qualified under Section 401(a) of the Internal Revenue Code.
- We, the Trustees, have the power under the Trust and applicable law to enter into the transactions and issue the instructions that we make in this account. Such power may include, without limitation, the authority to buy, sell (including short sales), exchange, convert, tender, redeem, and withdraw assets (including delivery of securities to and from the account) or otherwise (including the sale or purchase of option contracts) for and at the risk of the Trust. We understand that all orders and transactions will be governed by the terms and conditions of all other account agreements applicable to this account.
- We, the Trustees, jointly and severally, indemnify you and hold you harmless from any claim, loss, expense, or other liability for effecting any transactions (including distributions) and acting upon any instructions given by the Trustees. We, the Trustees, certify that any and all transactions effected and instructions given on this account will be in full compliance with the plan and Trust, as with the Employee Retirement Income Security Act of 1974, as amended, and the Internal Revenue Code.
- We, the Trustees, agree to inform you in writing of any change in the composition of the Trustees, or any other event that could alter the certifications made above.
- We, the Trustees, agree that any information we give to Fidelity on this account will be subject to verification, and we authorize you to obtain a credit report about any or all of the Trustees at any time. Upon written request, Fidelity will provide the name and address of the credit reporting agency used.
- Represent and warrant that if you have not completed the section titled Associations, you are not employed by nor associated with a broker-dealer, stock exchange, exchange member firm, FINRA, a municipal securities dealer, or any other financial institution, nor are you the spouse or immediate family member residing in the same household of such a person.
- Represent and warrant that if you have not completed the section titled Affiliations, none of you, your spouse, nor any of your relatives living in your home are a control person or affiliate of a public company under SEC Rule 144.

We acknowledge that we have read, understood, and agree to the terms and conditions set forth in the Fidelity Brokerage Non-Prototype Retirement Account Customer Agreement, hereinafter referred to as “Customer Agreement,” as are currently in effect and as may be amended from time to time.

We acknowledge that we have received the description of the Core Account in the Customer Agreement, including Fidelity's right to change the options available as core positions, and consent to having free credit balances held or invested in the core position indicated above.

5 SIGNATURE (ALL OWNERS MUST SIGN THE APPLICATION) (CONTINUED)

We certify that all Trustees are at least 18 years of age and of full legal age in the state in which they reside. We understand that upon issuers' request in accordance with applicable rules and regulations, that you will disclose our names to issuers of any securities held in the account so we can receive important information, unless we notify you in writing not to do so. We understand that it is our responsibility to read the prospectus for any mutual fund we purchase or into which we exchange.

The application shall be construed, administered, and enforced according to the laws of the Commonwealth of Massachusetts, except as superseded by federal law or statute. The Fidelity Brokerage Non-Prototype Retirement Account Customer Agreement shall inure to the benefit of Fidelity's successors and assigns, whether by merger, consolidation or otherwise.

We certify that all information provided in this application is true, accurate, and complete.

We certify under penalties of perjury that (1) the Social Security or taxpayer identification numbers provided above are correct.

We hereby authorize Fidelity to hypothecate (lend) or rehypothecate, either separately or with the property of others, either to Fidelity or to others, any property in our account. This authorization shall remain in force until Fidelity receives written notice of revocation.

We have received and read either the Prospectus or the Profile Prospectus for Fidelity Government Money Market Fund. If we received the profile prospectus, we understand that we may purchase shares of Fidelity Government Money Market Fund now or request to receive and review the fund's full prospectus before we make a decision to invest in Fidelity Government Money Market Fund. If we choose to invest now, we understand that Fidelity Government Money Market Fund will serve as the money market fund used to hold assets of our Non-Prototype Retirement Account pending other investment instructions. We understand that we could lose money by investing in a money market fund. Although the fund seeks to preserve the value of our investment at \$1.00 per share, it cannot guarantee it will do so. An investment in the fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Fidelity Investments and its affiliates, the fund's sponsor, have no legal obligation to provide financial support to money market funds, and we should not expect that the sponsor will provide financial support to the fund at any time.

- We understand that Fidelity's government and U.S. Treasury money market funds will not impose a fee upon the sale of our shares, nor temporarily suspend our ability to sell shares if the fund's weekly liquid assets fall below 30% of its total assets because of market conditions or other factors.

The account established with this application is governed by a predispute arbitration clause, which is located on the last page of the Customer Agreement. We acknowledge receipt of the predispute arbitration clause.

To help the government fight financial crimes, Federal regulation requires Fidelity to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account. Also, Federal regulation requires Fidelity to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

X

SIGNATURE OF PLAN TRUSTEE 1

Date (mm/dd/yyyy)

X

SIGNATURE OF PLAN TRUSTEE 2

Date (mm/dd/yyyy)

Fidelity Investments is a registered service mark owned by FMR LLC. Accounts are carried with our affiliate, National Financial Services LLC, Member NYSE, SIPC. Fidelity Investments, PO Box 770001, Cincinnati, OH 45277-0036.



Trusted Contact Authorization Form

Use this form to designate a primary and alternate trusted contact, that is 18 years or older, for your Fidelity account(s). Do NOT use this form for charitable giving accounts or workplace retirement plans, such as a 401(k). Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

Helpful to Know

- To prepare yourself and your trusted contact(s) for success, consider choosing someone with whom you are comfortable discussing your health, relationships, loved ones, work, and finances. You may also want to consider selecting someone who isn't currently involved in your financial life, like a beneficiary or power of attorney, to ensure fairness and objectivity.
- This form supersedes any previous trusted contact designations that you may have submitted.
- If you are using this form for an Entity relationship (for ex: a business account), we will assign the Trusted Contact(s) to the Authorized Individual that signs this form.
- If Fidelity has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or neglect, this form authorizes us to get in touch with the trusted contact(s) and:
 - Provide the trusted contact(s) listed below with information about you and/or your account(s), including notice of a temporary hold, but does not provide him or her with the ability to transact on your account(s).
 - Inquire about your current contact information or health status.
 - Inquire about whether another person or entity has legal authority to act on your behalf (e.g., legal guardian or conservator, executor, or trustee).

1. Account Owner

First Name	Middle Name	Last Name
Social Security or Taxpayer ID Number		

2. Accounts Included

- Check only one.
- ALL eligible accounts associated with the above Social Security or Taxpayer ID Number > Skip to Section 3.
- ONLY the account(s) listed below:

Fidelity Account Number	Fidelity Account Number	Fidelity Account Number
Fidelity Account Number	Fidelity Account Number	Fidelity Account Number

3. Primary Trusted Contact *Name, email, phone, and address are all required.*

The trusted contact **MUST** be someone other than the individual listed in Section 1. Do not provide the account owner's information here.

First Name	Middle Name	Last Name
Email		Relationship to Owner (Spouse, Child, Parent, Sibling, Friend, Other)
Primary Phone	<input type="checkbox"/> Mobile Number	Secondary Phone
		<input type="checkbox"/> Mobile Number

Legal/Permanent Address

This cannot be a PO box, mail drop, or c/o.

Street Address			
City	State/Province	ZIP/Postal Code	Country

Form continues on next page. >>

4. Alternate Trusted Contact *Name, email, phone, and address are all required.*

The trusted contact **MUST** be someone other than the individuals listed in Sections 1 and 3. Do not provide the account owner's information here.

First Name	Middle Name	Last Name	
Email		Relationship to Owner (Spouse, Child, Parent, Sibling, Friend, Other)	
Primary Phone	<input type="checkbox"/> Mobile Number	Secondary Phone	<input type="checkbox"/> Mobile Number

Legal/Permanent Address

This cannot be a PO box, mail drop, or c/o.

Street Address			
City	State/Province	ZIP/Postal Code	Country

5. Signature and Date *Form cannot be processed without your signature and date.*

By signing below, you:

- Authorize Fidelity to communicate with your trusted contact(s) and disclose information about designated accounts to address possible financial exploitation or confirm specifics about your current contact information, your health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted.
- Understand that this does not authorize your trusted contact(s) to separately access or transact on your account(s).
- Understand that you may identify multiple trusted contacts on this form, provided they are 18 years or older.
- Understand that this trusted contact designation is optional and you may withdraw it at any time by notifying Fidelity in writing to one of the business addresses listed below.
- Understand that you may change your trusted contact(s) at any time by completing a new form.
- Certify that all information provided in this form is true, accurate, and complete.
- Acknowledge that we may remove any trusted contact from any account, at any time or for any reason.

PRINT OWNER/AUTHORIZED INDIVIDUAL NAME	
OWNER/AUTHORIZED INDIVIDUAL SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

Did you sign the form? Send the ENTIRE form to Fidelity.

Questions? Go to [Fidelity.com/trustedcontact](https://www.fidelity.com/trustedcontact) or call 800-343-3548.

Regular mail

Fidelity Investments
PO Box 770001
Cincinnati, OH 45277-0002

Overnight mail

Fidelity Investments
100 Crosby Parkway KC1K
Covington, KY 41015

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 802990.3.0 (06/20)

Account Authority

Use this form to grant a third party some or all of the powers over your account(s) as described below, or to provide updated information about a third party who already holds authority over your account(s). Do NOT use this form for fiduciary accounts, workplace retirement plans, such as a 401(k), or to add an individual who will be paid for the investment management of the account(s). Type on screen or print out and fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

Helpful to Know

- On this form, "Fidelity," "us," and "we" include Fidelity Brokerage Services LLC, Fidelity Distributors Company LLC, National Financial Services LLC, Fidelity Personal and Wealth Advisors LLC, and their affiliates, employees, agents, and representatives as the context may require.
- Unless indicated otherwise in this form, "you," "your," and "account owner" refer to the registered owner(s) of the account; and for any account with more than one owner (such as a joint or trust account), "you," "your," and "account owner" or "account owners" refer to all owners, collectively and individually.
- Fill out a separate form for each authorized agent.
- You don't need to complete this form for an owner—all account owners already have authority.
- This form **cannot** be used to add an individual who will be paid for the investment management of the account(s). To establish a Registered Investment Advisor relationship, please contact Fidelity Institutional Wealth Services at 800-735-3756.
- For any account listed on this form that is currently approved for options trading, you must submit a new *Options Application*.
- For Fidelity Retirement Plan (Keogh) Accounts, the plan administrator must sign.
- For Investment-Only Retirement accounts (also known as Non-Prototype Retirement accounts), the plan trustee can grant the plan administrator Full Authority. Plan participants can only be granted Limited Authority. Other individuals can be granted Limited Authority with approval of the plan trustee.
- For an ABL account, only a Designated Beneficiary/Eligible Beneficiary can grant Limited or Full Authority on an account that does NOT already have a Person with Signature Authority (PSA) relationship established. This form should not be completed for an ABL account that has a PSA established.
- **For annuities, you can only use this form to grant Limited Authority.**
- **A Medallion signature guarantee is required to add Full Authority. If the Medallion signature guarantee is not provided, Limited Authority will be added to the account.**

1. Account Owner(s)

Enter full first and last name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

Name	
Name	

2. Account(s) Included

Account Number	Account Number	Account Number
Account Number	Account Number	Account Number

Form continues on next page. ►►

3. Authority Choices *Choose only one level of authority.*

Limited Authority

- Grant LIMITED Authority to the agent named in this form with respect to each account identified in Section 2.
Default if no choice indicated.

All eligible registration types (except 529 College Savings Plans, ABLA Accounts, and Fidelity managed accounts)

Gives agent authority to:

- view your account online
- access your tax forms
- buy and sell securities in your account
- trade or exercise options in your account, to the extent your account is approved for options
- incur margin debt, if your account is approved for margin
- deposit a check into your account

529 College Savings Plan Accounts

Gives agent authority to:

- view your account online
- access your tax forms
- exchange previously invested money among portfolios twice per calendar year
- change your future allocation instructions
- deposit a check into your account

Fidelity managed accounts

Gives agent authority to:

- view your account online
- access your tax forms
- update your individual financial situation, investment objectives, risk tolerance, planned investment time horizon, certain federal income tax considerations, investment restrictions, and other information captured in the Investor Profile Questionnaire (IPQ)
- deposit a check into your account

ABLE Accounts

Gives agent authority to:

- view your account online
- access your tax forms
- exchange previously invested money among portfolios twice per calendar year
- change your future allocation instructions
- deposit a check into your account

Full Authority

NOT available for Annuities, BrokerageLink, Roth IRA for Kids, and UGMA/UTMA accounts.

- Grant FULL Authority to the agent named in this form with respect to each account identified in Section 2.

Granting FULL Authority requires a Medallion signature guarantee in Section 7.

All eligible registration types (except 529 College Savings Plans, ABLA Accounts, and Fidelity managed accounts)

Gives agent all powers of Limited Authority listed above, plus gives authority to:

- initiate IRA rollovers, recharacterizations, and Roth IRA conversions
- make federal, state, local, or foreign tax elections
- remove cash from the account, either by sending a check to the address of record or by transferring cash to a bank account pre-authorized by the account owner(s)
- transfer cash or assets among other Fidelity accounts held by the same owner(s)

529 College Savings Plan Accounts

Gives agent all powers of Limited Authority for 529 plans, plus authority to:

- remove cash from the account by either sending a check to the registered owner at the address of record or to a college or university if Standing Payment Instructions are already on file, or by transferring cash to a bank account pre-authorized by the account owner(s)

Fidelity managed accounts

Gives agent all powers of Limited Authority listed above, plus gives authority to:

- initiate IRA rollovers, recharacterizations, and Roth IRA conversions
- make federal, state, local, or foreign tax elections
- remove cash from the account, either by sending a check to the address of record or by transferring cash to a bank account pre-authorized by the account owner(s)
- transfer cash or assets among other Fidelity accounts held by the same owner(s)

ABLE Accounts

Gives agent all powers of Limited Authority for ABLE Accounts, plus authority to:

- remove cash from the account by either sending a check to the registered owner at the address of record or to a third party if Standing Payment Instructions are already on file

4. Existing Authorized Agents

Check no more than one.

- Keep any existing authorized agents in place *Default if no choice indicated.*
- Remove all existing authorized agents.
- Remove only the following authorized agent:

Name

Form continues on next page. ►►



5. Add an Authorized Agent Cannot be a minor. Sections 5 and 6 must be completed by the authorized agent.

The authorized agent should complete this section. Account owners already have Full Authority over their account(s). Note: Authorized agents who are being paid for their investment management of the account(s) are not permitted.

Enter full first and last name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

INITIALS REQUIRED. ▶

First Name	Middle Name	Last Name
Date of Birth MM DD YYYY	Social Security or Taxpayer ID Number	Relationship to Owner
Authorized Agent Initials	Initial here to confirm that you will not be paid for the investment management of the account(s).	

Legal/Residential Address (where you live) This is the legal address used for tax reporting.

Address			
City	State/Province	ZIP/Postal Code	Country

Mailing Address This may be a PO box, drop box, or c/o location.

Same as legal/residential address ▶ Default if no other information indicated below.

Address			
City	State/Province	ZIP/Postal Code	Country

Citizenship

Indicate your citizenship status. ▶

U.S. citizen

Foreign citizen *Information in this box must be completed.*

Permanent U.S. resident Nonpermanent U.S. resident Nonresident of U.S.

Country of Citizenship	Country of Tax Residency <small>Only applicable to nonresidents of the U.S.</small>
City, State/Province, and Country of Birth	

Check one and **attach a copy of a valid and unexpired government ID** showing number and photo. ▶

Passport Employment Authorization Document
 DHS Permanent Resident Card Foreign National Identity Document

Income Source Industry regulations require us to ask for this information.

Check one and provide information.

Employed Self-employed

Occupation	Employer <small>Leave blank if self-employed.</small>		
Employer Address			
City	State/Province	ZIP/Postal Code	Country

Retired Not employed

Source of Income <small>Pension, investments, spouse, etc.</small>
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Add an Authorized Agent continues on next page. ▶▶



Associations

As a person associated with a member firm, you are obligated to receive consent from that firm.

Fidelity has existing consent agreements with many firms for their employees to maintain accounts with Fidelity and to deliver transactional data. If your firm is not one of them, Fidelity will attempt to contact your firm's compliance office.

If you are employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), a municipal securities dealer, or other financial institution, or are the spouse or an immediate family member residing in the same household of someone who meets the aforementioned employment criteria, provide the company's name and address below. By providing this information and completing this form, you hereby authorize Fidelity to provide the associated person's employer with duplicate copies of confirmations and statements, or the transactions data contained therein, for your account(s) and any accounts you choose to have on a consolidated statement for purposes of their compliance review.

Company Name			
Company Address			
City	State/Province	ZIP/Postal Code	Country

Affiliations

If you, your spouse, or any of your relatives (including parents, in-laws, and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, a 10% shareholder, or a policy-making officer of a publicly traded company (an "Affiliate"), you must provide the information below. If there are more than two Affiliates, make a copy of this section.

Affiliate's Company Name	Trading Symbol or CUSIP
Affiliate's Company Name	Trading Symbol or CUSIP

Duplicate Materials If the authorized agent works for a member firm, additional copies will be sent to that firm as well as to the agent.

- Check any that apply. Send account statements to the authorized agent
 Send trade confirmations to the authorized agent

6. Authorized Agent Signature and Date *Named authorized agent must sign and date.*

By signing below, you (in this Section 6, "you" and "your" refer to the authorized agent):

- Affirm that you are at least 18 years old and of full legal age to enter into the agreements in your state of residence.
 - Acknowledge that you have received a copy of this form and the Account Authority Agreement, and you state that you have read them, you understand them, and you accept all their terms and conditions. *(This does not apply to annuities.)*
 - Agree to be bound by the current and future terms of all agreements, and by any applicable disclosures, between the account owner(s) and Fidelity.
 - Represent and warrant that if you have not completed the section titled Associations, you are not employed by nor associated with a broker-dealer, stock exchange, exchange member firm, FINRA, a municipal securities dealer, or any other financial institution, nor are you the spouse or immediate family member residing in the same household of such a person.
 - Represent and warrant that if you have not completed the section titled Affiliations, none of you, your spouse, nor any of your relatives living in your home are a control person or affiliate of a public company under SEC Rule 144.
 - State that you are familiar with and understand the investment objectives of the account owner(s) and will use only trading strategies that are consistent with these objectives and the level of authority indicated.
 - For accounts managed by a registered investment advisor, state that you are familiar with and understand the investment objectives of the advisor(s) and will use only trading strategies that are consistent with these objectives.
 - Certify that all information you provided in this form is true, accurate, and complete.
 - Grant us permission to obtain credit information, verify information you have provided, and perform a background check on you.
 - Acknowledge that we may refuse to approve you as authorized agent, or may remove you as authorized agent from this or any other account, at any time and for any reason.
 - Agree to act in compliance with all applicable laws and regulations.
 - Acknowledge that entities and individuals who provide investment advice to others may be subject to regulation by federal and state regulators and agree to be responsible for determining whether and what type of registration is required.
 - Certify that you will not be paid for the investment management related to the account(s). If you are looking to establish a Registered Investment Advisor relationship, please contact Fidelity Institutional Wealth Services.
- For Fidelity Retirement Plan (Keogh) Accounts, if the current Plan Administrator is being added as the authorized agent:*
- State that you are also the Plan Administrator or Employer responsible for the Plan for which authority is being requested on this form.
 - Consent to the appointment as the authorized agent identified in this form, understanding that:
 - As the authorized agent, you will be granted either Limited or Full Authority, as indicated in Section 3 and as described in the Account Authority Agreement, and will be authorized only to place orders that are permitted by the Plan.
 - As the authorized agent, you are not authorized to designate a beneficiary or establish a new Plan.
 - Fidelity Management Trust Company acts only as custodian or trustee for this Plan, and has no discretionary fiduciary authority or responsibility; the account owner, therefore, is solely responsible for determining the suitability of, and for accepting all consequences of, all investments and actions taken on the account(s).

Authorized Agent Signature and Date continues on next page. ►►



To help the government fight financial crimes, federal regulation requires Fidelity to obtain and verify your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account. Also, federal regulation requires Fidelity to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

PRINT AUTHORIZED AGENT NAME	
AUTHORIZED AGENT SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

7. Account Owner Signatures and Dates

By signing below, you:

- Acknowledge that you have received a copy of the Account Authority Agreement, and you state that you have read it, you understand it, and you accept all the terms and conditions of the agreement, including the pre-dispute arbitration clause, and the terms and conditions described in this form. *(This does not apply to annuities.)*
 - Authorize Fidelity to act on all instructions given on this form.
 - Designate the individual identified in this form as your authorized agent, granting that individual the ability to take action consistent with the level of authority indicated, and acknowledge and agree that any and all disclosures, required or otherwise, may be provided solely to the individual acting on your behalf as part of the scope of his or her authority.
 - State, if signing as a trustee, that you have the power to enter into the sales, redemptions, and other transactions of mutual fund shares or municipal fund securities, and that you agree to execute any documents on behalf of the trust that we may require.
 - Certify that all information you provided in this form is true, accurate, and complete.
 - Acknowledge that we may remove any authorized agent from this, or any account, at any time and for any reason.
 - Certify that you are not adding an individual who will be paid for his or her investment management of the account(s).
- For Fidelity Retirement Accounts, if the current Plan Administrator is also the account owner:*
- State that you are also the Plan Administrator or Employer responsible for the Plan for which authority is being requested on this form.
 - Consent to the appointment of the authorized agent identified in this form, understanding that:
 - The authorized agent will be granted either Limited or Full Authority, as indicated in Section 3 and as described in the Account Authority Agreement, and will be authorized only to place orders that are permitted by the Plan.
 - The authorized agent is not authorized to designate a beneficiary or establish a new Plan.
 - Fidelity Management Trust Company acts only as custodian or trustee for this Plan, and has no discretionary fiduciary authority or responsibility; therefore you, as the account owner, are solely responsible for determining the suitability of, and for accepting all consequences of, all investments and actions taken on the account(s).

One owner signature is required unless you have a Mutual Fund Account (the account number begins with a 2 followed by two letters), in which case all owners must sign.

A Medallion signature guarantee is required if you are requesting Full Authority. If the Medallion signature guarantee is not provided, Limited Authority will be added to the account(s).

If the form is completed at a Fidelity Investor Center with all signers present, the Medallion signature guarantee is not required. You can get one from most banks, credit unions, and other financial institutions. **A notary seal/stamp is NOT a Medallion signature guarantee.**

PRINT OWNER NAME	
OWNER SIGNATURE	
SIGN X	
DATE MM/DD/YYYY	
DATE X	

▼ MEDALLION SIGNATURE GUARANTEE ▼

Account Owner Signatures and Dates continues on next page. ►►





PRINT OWNER NAME	
SIGN	OWNER SIGNATURE X
	DATE MM/DD/YYYY X

▼ MEDALLION SIGNATURE GUARANTEE ▼

8. Plan Administrator/Employer Signature and Date

Required ONLY for Fidelity Retirement Plan (Keogh) Accounts. In this Section 8, "you" refers to the Plan Administrator or Employer signing below.

By signing below, you:

- State that you are the Plan Administrator or Employer responsible for the Plan for which authority is being requested on this form.
- Consent to the appointment of the authorized agent identified in this form, understanding that:
 - The authorized agent will be granted either Limited or Full Authority, as indicated in Section 3 and as described in the Account Authority Agreement, and will be authorized only to place orders that are permitted by the Plan.
 - The authorized agent is not authorized to designate a beneficiary or establish a new Plan.
 - Fidelity Management Trust Company acts only as custodian or trustee for this Plan, and has no discretionary fiduciary authority or responsibility; the account owner, therefore, is solely responsible for determining the suitability of, and for accepting all consequences of, all investments and actions taken on the account(s).

PRINT ADMINISTRATOR/EMPLOYER NAME	
ADMINISTRATOR/EMPLOYER SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

Did you sign the form and attach any necessary documents?

Send form and any attachments to Fidelity Investments.

Questions? Go to [Fidelity.com/accountauthority](https://www.fidelity.com/accountauthority) or call 800-343-3548.

Regular mail

Fidelity Investments
PO Box 770001
Cincinnati, OH 45277-0002

Overnight mail

Fidelity Investments
100 Crosby Parkway KC1K
Covington, KY 41015

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 576564.15.0 (02/20)



Account Authority

Customer Agreement

Purpose

This document describes the terms and conditions associated with granting certain types of account authority. Please review this document and keep it for your records. Do not return it to Fidelity.

Who's Who in This Agreement

In this document, "Fidelity," "us," and "we" include Fidelity Brokerage Services LLC, Fidelity Distributors Company LLC, National Financial Services LLC, and Fidelity Personal and Wealth Advisors LLC, as the context may require. "Account owner" refers to the registered owner(s) of the account or to any new account applicant; for any account with more than one owner or authorized individual (as distinct from an authorized agent), "account owner" or "account owners" refers to all owners, collectively and individually. "Authorized agent" is the individual identified as such in an Account Authority form. "You" refers to the account owner(s) and/or the authorized agent, as the context may require.

Terms and Conditions—Account Owner

Fidelity's Commitments to You

Under this agreement, we have certain rights and responsibilities. When we accept your Account Authority form, we are agreeing to accept orders on your account from your designated third party—the authorized agent—according to the terms described in this agreement. We also agree to provide, upon written request, the name and address of any credit reporting agency from whom we have obtained information pertaining to this account.

Note that we assume no responsibility for reviewing or monitoring any investment decision or activity of the authorized agent, nor do we provide any tax, legal, or investment advice or recommendations.

Your Commitments to Fidelity

By signing in the appropriate place on the Account Authority form, you, the account owner:

- Acknowledge that you have received and read this agreement, and that you understand and agree to its terms.
- Authorize us to accept instructions from your authorized agent consistent with the level of trading authority you are granting.
- Accept full responsibility for determining whether any investment or strategy is appropriate for you, based on your investment objectives and financial resources.
- Accept full responsibility for understanding the risks associated with granting authority, and assume sole liability for the financial, tax, and other consequences of all actions and instructions of the authorized agent.
- Acknowledge and agree that any and all disclosures, required or otherwise, may be provided solely to the individual acting on your behalf as part of the scope of his or her authority.
- Acknowledge that your account will be charged for each trade that is executed in your account, including trades ordered by an authorized agent, and you agree to pay these charges.
- Acknowledge that you are not adding an individual who will be paid for his or her investment management of the account(s).

Limited Authority

For brokerage accounts, Limited Authority allows your authorized agent to inquire into your account (such as by viewing it online), and to place orders in your account without direct instructions from you. This may include orders to buy, sell (including short sales), exchange, convert, tender, or otherwise acquire or dispose of securities, such as stocks, bonds, and other investments.

The authorized agent may incur margin debt and may buy, sell, or exercise options, to the extent that your account is approved for these activities.

For 529 College Saving Plan accounts and ABLE Plan accounts, Limited Authority allows your authorized agent to inquire into your account(s), exchange previously invested money among portfolios twice per calendar year, and change your future allocation instructions.

For Fidelity managed accounts, Limited Authority allows your authorized agent to view your account(s) online and to update your individual financial situation, investment objectives, risk tolerance, planned investment time horizon, certain federal income tax considerations, investment restrictions, and other information captured in the Investor Profile Questionnaire (IPQ).

Limited Authority does not allow your authorized agent to remove money or assets from your account(s).

Full Authority

For brokerage accounts, Full Authority grants your authorized agent all of the capabilities of Limited Authority as well as the authority to remove money or assets from your account(s). Any assets removed must be delivered to you at your address of record or to a bank account pre-authorized by you.

With Full Authority, the authorized agent may initiate IRA rollovers, Roth IRA conversions, IRA recharacterizations, or other transfers of assets between and among your accounts. To the extent permitted by the applicable taxing authority, the authorized agent may also exercise any tax election related to your Fidelity accounts that is available to you under federal, state, local, or foreign tax law.

For 529 College Savings Plan accounts, Full Authority grants your authorized agent all powers of Limited Authority, plus the right to remove cash from your account(s) by sending a check to the registered owner at the address of record or to a college or university if Check Standing Instructions are already on file, or by transferring cash to a bank account pre-authorized by the account owner(s).

For ABLE Plan accounts, Full Authority grants your authorized agent all powers of Limited Authority, plus the right to remove cash from your account by sending a check to the registered owner at the address of record or to a third party, if Standing Payment Instructions are already on file.

For Fidelity managed accounts, Full Authority allows your authorized agent all the powers of Limited Authority plus the ability to initiate IRA rollovers, recharacterizations, and Roth IRA conversions, make federal, state, local, or foreign tax elections, remove cash from account(s), either by sending a check to the address of record or by transferring cash to a bank account pre-authorized by the account owner(s), or transfer cash or assets among other Fidelity accounts held by the same owner(s).

With respect to a Fidelity Retirement Plan (Keogh) Account, or any type of IRA, neither level of authority permits the authorized agent to designate beneficiaries or to establish a new IRA or retirement plan.

Multiple Authorized Agents

If you have appointed two or more authorized agents, we will consider each of them to have the power to act alone (severally) and without the consent of any other authorized agent, with respect to each power granted above.

Should we receive conflicting or inconsistent instructions from your authorized agents, we may restrict your account(s) from further activity.

Such a restriction may remain in place until we receive adequate instructions on how to proceed. These may be in the form of written instructions signed by all owners or by all authorized agents, or a court order.

Terms and Conditions—Authorized Agent

Your Commitments to Fidelity

By signing in the appropriate place on the Account Authority form, you, the authorized agent:

- Acknowledge that you have received and read this agreement, and that you understand and agree to its terms.
- Agree to be solely responsible to the account owner(s) for all investment decisions, trading strategies, and instructions placed on the account.
- Agree to act on the account only as specifically authorized by the account owner(s) and in compliance with all applicable laws, regulations, and Fidelity policies.
- Permit us to obtain credit information, verify information you have provided, and perform a background check on you, and to reject or remove you as authorized agent from this or any other account, at any time and for any reason we see fit.
- Agree to notify us in writing immediately upon the death or disability of the last surviving account owner.
- Acknowledge that you will not be paid for the investment management of the account(s). If you are looking to establish a Registered Investment Advisor relationship, please contact Fidelity Institutional Wealth Services.

Terms and Conditions—All Parties

Duration of Agent's Authorization

Once granted to an authorized agent, trading authority will remain in effect until any of the following occurs:

- We receive written notice signed by an owner withdrawing authority.
- We receive written notice of resignation from the authorized agent.

- We receive written notice of the death or incapacity of the last surviving account owner or the authorized agent.
- We decide, at any time and for any reason, to remove the authorized agent.

Indemnification

All account owners and the authorized agent agree that we are not responsible for any losses you incur (meaning claims, damages, actions, demands, investment losses, or other losses, as well as any costs, charges, attorneys' fees, or other fees and expenses) as a result of any actions, or failures to act, on the part of the authorized agent.

Terms Concerning This Agreement

This agreement and its enforcement are governed by the laws of the Commonwealth of Massachusetts, except with respect to its conflicts-of-law provisions.

This agreement is in addition to any other agreements between the parties and Fidelity and does not restrict any rights that may be created, either now or in the future, by these agreements or by any law.

We may amend or terminate this agreement at any time. Outside of changes originating in these ways, no provision of this agreement can be amended or waived except in writing by an authorized representative of Fidelity.

Fidelity may transfer its interests in this account or agreement to any of its successors and assigns, whether by merger, consolidation, or otherwise. You may not transfer your interests in your account or agreement (including de facto transferal by giving a non-owner access to the account using a PIN) except with the prior written approval of Fidelity, or through inheritance, corporate dissolution, or similar circumstance, as allowed by law, in which case any rights and obligations in existence at the time will accrue to, and be binding on, your heirs, executors, administrators, successors, or assigns.

Resolving Disputes—Arbitration

This agreement contains a pre-dispute arbitration clause. Under this clause, which you agree to when you sign your account application, you and Fidelity agree as follows:

- All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
- Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
- The ability of the parties to obtain documents, witness statements, and other discovery is generally more limited in arbitration than in court proceedings.
- The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.
- The panel of arbitrators may include a minority of arbitrators who were or are affiliated with the securities industry.
- The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a

claim that is ineligible for arbitration may be brought in court.

- The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

All controversies that may arise between the account owner, authorized agent, and Fidelity concerning any subject matter, issue, or circumstance whatsoever (including, but not limited to, controversies concerning any account, order, distribution, rollover, advice interaction, or transaction, or the continuation, performance, interpretation, or breach of this or any other agreement between the parties, whether entered into or arising before, on, or after the date any account in Section 2 is opened) shall be determined by arbitration in accordance with the rules then prevailing of the Financial Industry Regulatory Authority (FINRA) or any United States securities self-regulatory organization or United States securities exchange of which the person, entity or entities against whom the claim is made is a member, as you may designate. If you commence arbitration through a United States self-regulatory organization or United States securities exchange and the rules of that organization or exchange fail to be applied for any reason, then you shall commence arbitration with any other United States securities self-regulatory

organization or United States securities exchange of which the person, entity or entities against whom the claim is made is a member. If you do not notify us in writing of your designation within five (5) days after such failure or after you receive from us a written demand for arbitration, then you authorize us to make such designation on your behalf. The commencement of arbitration through a particular self-regulatory organization or securities exchange is not integral to the underlying agreement to arbitrate. You understand that judgment upon any arbitration award maybe entered in any court of competent jurisdiction.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class action who has not opted out of the class with respect to any claims encompassed by the putative class action until: (i) the class certification is denied; or (ii) the class is decertified; or (iii) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.