

Fidelity Investments

Change of Address/Name Change or Provide Date of Birth



Instructions: To update your address, name, and/or to provide us with your date of birth, please complete this form.

Plan sponsor approval: Check with the plan sponsor or Fidelity to determine if plan sponsor involvement is required to change your records. You may need to obtain the approval of the employer who sponsored the retirement plan to change the information below. Also be aware that in many situations changes must be submitted directly to the plan sponsor who in turn will update its employee records and then electronically update Fidelity's records.

To change your name: Please provide a copy of a marriage certificate, divorce decree, court document granting a name change, or passport; or, complete the signature guarantee with your former and new name, on the second page of this form.

For address changes: A confirmation of your address change will be sent to your old and new addresses. To ensure the security of your account, your account will be frozen from loan and withdrawal activity for 15 calendar days. To waive this 15-day freeze, you are required to complete the signature guarantee on the second page of this form. Please notify us should you not receive the current address confirmation. The address will be treated as your address for state income tax withholding, if applicable, or nonresident alien withholding for United States income tax withholding.

Date of birth: We must have your date of birth on file for you to establish a personal identification number (PIN) or request a withdrawal from your account.

Questions: Call Fidelity Investments at 1-800-343-0860, or for the hearing impaired (TTY) 1-800-259-9743, Monday through Friday, from 8:30 a.m. to 8:00 p.m., excluding holidays when the New York Stock Exchange is closed, or visit us at www.fidelity.com/atwork.

1. YOUR INFORMATION

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

What information are you changing? (check all that apply):

Name Address Name and Address Date of Birth

Please fill in all information below and include updated information where applicable.

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

Current First Name:* M.I.:

Current Last Name:*

Former First Name:*

Former Last Name:*

Mailing Address: Apt.#:

Address Line 2:

City: State:

ZIP: - **OR** Foreign Delivery Designation:

Country (if other than United States):

Daytime Phone: - - Evening Phone: - -

Email Address:

*For a name change, please provide both your new and former names.



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2. YOUR SIGNATURE

A **signature guarantee** is required if you are changing your address and would like to waive the 15-day freeze in regards to a distribution. A signature guarantee can be obtained at a United States bank or other financial institution. You can also use a signature guarantee to change your name as a substitute to the documentation listed on page 1. Be sure to let the bank or financial institution know the amount of the distribution that you may request so that it will provide the appropriate signature guarantee. Notaries public cannot provide a signature guarantee, as their authority does not extend to documents, such as this, for which federal securities law applies.

Your Signature:

Date:

NOTE: A NOTARY PUBLIC CANNOT PROVIDE A SIGNATURE GUARANTEE. IF YOU ARE LOCATED OUTSIDE OF THE UNITED STATES, A UNITED STATES EMBASSY OR CONSULATE SIGNATURE AND STAMP IS ACCEPTABLE.

If the guarantee stamp to the right is not a medallion signature, print the name and telephone number of the person issuing the guarantee:

Place signature guarantee stamp in box.

If you are obtaining the signature guarantee for a name change, please provide your former and new name here.

Former Name:

New Name:

If you are submitting additional documents, please check here and list below:



3. PLAN SPONSOR APPROVAL



If applicable, the changes on the previous page have been approved by the plan sponsor or plan administrator.

As plan administrator, I acknowledge receipt of this form:

Signature:

Print Name:

Date:

Plan/Client Name:





Return this form to: **Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090**

If you wish to overnight this form, return it to: **Fidelity Investments, 100 Crosby Parkway, KC1E, Covington, KY 41015**

If you have any questions, please contact one of our Retirement Services Representatives at **1-800-343-0860**, Monday through Friday, from 8:30 a.m. to 8:00 p.m.

