

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

1. GENERAL INSTRUCTIONS

Please complete this form and sign it on the back. In the future, you may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity.

Mailing instructions: Return this form in the enclosed 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, or visit us at fidelity.com/atwork.

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 total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the date the trust was created, and the trustee's name.

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, your plan requires you to designate that your spouse receive 100% of your vested account balance unless your spouse consents in this section. If you are married and you do not designate your spouse as your primary beneficiary for a portion of your account balances as described above, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan.

Age 35 Requirement: Your spouse must be the beneficiary of 100% until the first plan year when you reach 35 or until a separation from service. If your spouse is not the beneficiary for at least this percentage, 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 of separation from service, whichever comes first, and your spouse must complete a new spousal consent on the Beneficiary Designation Form.

4. AUTHORIZATION

Please provide your signature.

Fidelity Investments Institutional Operations Company, Inc.



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2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

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. **Please note:** Your primary beneficiary cannot be your contingent beneficiary.

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"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
				_____	Total: = 100%	

Payment to contingent beneficiary(ies) will be made according to the rules of succession described in the instructions.

3. SPOUSAL CONSENT

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) such beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

I acknowledge that if my spouse, the participant named in Section 1, is currently under 35 years of age, this beneficiary designation becomes ineffective as of (a) the first day of the plan year in which he/she reaches age 35, or (b) the date of my spouse's separation from service, whichever comes first, and that I must complete a new spousal consent in order for such beneficiary designation to become effective.

Signature of Participant's Spouse:

Date:

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To be completed by a notary public:

Sworn before me this day --

In the State of County of

Notary Public Signature:

My Commission Expires:

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Notary stamp must be in the above box

As Plan Administrator, I acknowledge receipt of this form:

Date:

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Please provide signature on next page. 

4. SIGNATURE AND AUTHORIZATION

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 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 based on the provisions of the plan.
- 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 with a later date.
- I am aware that the beneficiary information provided herein shall apply to all my Fidelity Accounts under the plan listed in Section 1 for which FMTC (or its affiliates and/or any successor appointed pursuant to the terms of such Accounts or trust agreement in effect between FMTC and my Employer, as applicable) acts as trustee or custodian, and shall replace all previous designation(s) I have made on any of my Accounts.

Your Signature:

Date:

