

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

Questions? Call Fidelity Investments at 800-343-0860, Monday through Friday, from 8 a.m. to midnight, Eastern time, 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 trust's name 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 beneficiaries who survive 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 beneficiaries in proportion to the percentage selected for them.

3. SPOUSAL CONSENT

Spousal Consent: If you are married, your plan requires that you designate your spouse as primary beneficiary for your vested account balance, payable in the form of a qualified preretirement survivor annuity. If you are married and you do not designate your spouse as your primary beneficiary for your account balances 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: 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 for the interest in my account noted above 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)/401(a) Beneficiary Designation



1. YOUR INFORMATION

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

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 Employer: City/State of Employer:

Plan Number (if known):

I am: Single OR Married Name of Site/Division:

2. DESIGNATING YOUR BENEFICIARY(IES)

Please check here if you have more than three primary or three 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:

Social Security Number: -- OR Tax ID Number: -- Percentage: %

Date of Birth or Trust Date: -- Relationship to Applicant: Spouse OR Trust OR Other



2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)



2. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other

3. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other **Total = 100%**

Contingent Beneficiary(ies)

If there is no primary beneficiary 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

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other

2. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other

3. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other **Total = 100%**

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

Please provide signature on next page.



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3. SPOUSAL CONSENT

As the spouse of the participant named above I understand that I am entitled to a death benefit if the participant dies. 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 turns 35 that my rights to receive the QJSA benefit as determined by the retirement plan provisions will be restored to me on the earlier of (a) the first day of the plan year in which the participant attains age 35, or (b) the date the participant separates from service with the employer sponsoring the retirement Plan. After that date, in order for another person to receive the death benefit that would be restored to me, I would then need to consent to a new beneficiary designation.

Signature of Participant's Spouse:

Date:

--

To be completed by a notary public or representative of the plan:

Sworn before me this day

--

In the State of

County of

Notary Public Signature:

My Commission Expires:

Notary stamp must be in the above box

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Witnessed by plan representative:

Date:

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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 Fidelity Management Trust Company ("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:

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