Fidelity Investments
Qualified Plan
Beneficiary Designation

1. GENERAL INSTRUCTIONS

This form is for plans that DO NOT require spousal consent for a beneficiary designation.

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*

If you wish to send your form via overnight service, please send it to
*Fidelity Investments, Mailzone KC1E, 100 Crosby Parkway, Covington, KY 41015*

**Questions?** Call Fidelity Investments at 1-800-343-0860, Monday through Friday, from 8:00 A.M. to midnight ET, or visit us at

2. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to two primary and two 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. AUTHORIZATION

*Please provide your signature.*
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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: __________________________
Name 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 two primary or 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: __________________________ Percentage: [ ] [ ] %
   Social Security #: __________________________ Trust ID #: __________________________
   Date of Birth or Trust Date: __________________________ Relationship to Applicant:
   [ ] Spouse OR [ ] Trust OR [ ] Other

2. Individual or Trust Name: __________________________ Percentage: [ ] [ ] %
   Social Security #: __________________________ Trust ID #: __________________________
   Date of Birth or Trust Date: __________________________ Relationship to Applicant:
   [ ] Spouse OR [ ] Trust OR [ ] Other

Total = 100%
2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

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 Trust Name: __________________________ Percentage: □ □ □ %
   Social Security #: __________________________ Trust ID #: __________________________
   Date of Birth or Trust Date: __________________________ Relationship to Applicant: □ Spouse OR □ Trust OR □ Other

2. Individual or Trust Name: __________________________ Percentage: □ □ □ %
   Social Security #: __________________________ Trust ID #: __________________________
   Date of Birth or Trust Date: __________________________ 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 under Primary Beneficiary(ies).

3. 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 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: __________________________