Fidelity Investments

Qualified Plan 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.

Unless otherwise directed, return this completed form:

Digitally using the NetBenefits® Mobile App

Download the NetBenefits® app through the App Store® or Google Play™ store.

Tap: Actions > Send a Document

Or use one of these alternate methods:

Regular Mail
Fidelity Investments
PO Box 770002
Cincinnati, OH 45277-0090

Overnight Mail
Fidelity Investments
100 Crosby Parkway, KC1E
Covington, KY 41015

Questions? Go to fidelity.com/atwork or call 1-800-343-0860 or for the hearing impaired dial 711, business days (except NYSE holidays) from 8 AM to midnight (ET).

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 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.

Naming an estate: Letters of appointment issued by the court naming the executor or administrator of the estate must be provided when a claim is filed. Please consult your attorney for advice on the effect of this designation. No additional legal documentation is required at this time.

Naming a trust: Provide the name, date, and tax identification number of the trust (if available). If there has not been a tax identification number assigned to the trust, provide your Social Security number. The trust must be established prior to the date this form is submitted.

Do not send a copy of the trust agreement. If available, provide the name and address of one trustee.

Naming a charity: Please list name, address, and tax identification number. Please select "Estate/Charity" as the beneficiary type.

What happens if you designate a minor, a person who is not legally competent, or an estate as beneficiary? If you should choose a minor, a person who is not legally competent, or an estate as beneficiary, it may be necessary to have a guardian or administrator appointed before any proceeds can be paid. This may mean delay of payment and additional expense for your beneficiary.

3. SPOUSAL CONSENT

Spousal Consent: If you are married, your plan requires that you designate your spouse as primary beneficiary for 100% of your vested account balance. If you are married and you do not designate your spouse as your primary beneficiary for 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.

4. AUTHORIZATION

Please provide your signature.

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Qualified Plan 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: _____-____ I am: ☐ Single OR ☐ Married

Daytime Phone: ___-___-____ Evening Phone: ___-___-____

E-mail:

Name of Employer: Plan Number (if known):

Name of Site/Division: City/State of Employer:

2. DESIGNATING YOUR BENEFICIARY(IES)

☐ **Please check here if you have more than three 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 Entity Name:

Social Security Number: ___-__-____ OR Tax ID Number: __-_______ Percentage: ___ %

Date of Birth or Trust Date: __-__-____

Relationship to Applicant:

☐ Spouse **OR** ☐ Trust **OR** ☐ Estate **OR**

☐ Charity **OR** ☐ Other

2. Individual: OR Entity Name:

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

Date of Birth or Trust Date: Relationship to Applicant:

Spouse OR Trust OR Estate OR Charity OR Other

3. Individual: OR Entity Name:

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

Date of Birth or Trust Date: Relationship to Applicant:

Spouse OR Trust OR Estate OR Charity OR Other

Total = 100%

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 Entity Name:

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

Date of Birth or Trust Date: Relationship to Applicant:

Spouse OR Trust OR Estate OR Charity OR Other

2. Individual: OR Entity Name:

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

Date of Birth or Trust Date: Relationship to Applicant:

Spouse OR Trust OR Estate OR Charity OR Other

3. Individual: OR Entity Name:

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

Date of Birth or Trust Date: Relationship to Applicant:

Spouse OR Trust OR Estate OR Charity OR Other

Total = 100%

3. SPOUSAL CONSENT

I hereby consent to the beneficiary designation(s) on this form and acknowledge that (1) I am the spouse of the plan participant listed above, and I am entitled to receive my spouse's vested benefit from the plan(s) if my spouse is vested and dies; (2) the effect of such designation is to cause my spouse's vested benefit, or a portion of it, to be paid to a primary beneficiary other than me; (3) my spouse cannot change the primary beneficiary(ies) named above to anyone other than myself, unless I consent to the new designation; and (4) my consent is irrevocable unless my spouse changes or revokes the beneficiary designation. My consent is being given voluntarily and no undue influence or coercion has been exercised in connection with my decision to consent.

Signature of Participant's Spouse: X

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: X

Notary stamp must be in the above box

My Commission Expires: __-__-____

Witnessed by Plan Representative: X

Date: __-__-____

4. AUTHORIZATION AND SIGNATURE

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, distributions will be made according to the plan document.
- 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.

Your Signature: X

Date: __-__-____