

# Account Application

## Fidelity Investments 403(b) Custodial Account

**Opening a New Account:** Please complete this application, including the beneficiary designation, and sign it in Section 6. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity. You will receive written confirmation once your account is established. At that point, you can submit a Salary Reduction Agreement to your employer who can then forward contributions to your account.

**Fees:** Your account may be subject to an annual maintenance fee, recordkeeping fee, or both which will vary depending on your institution's plan size and processing requirements. Please contact Fidelity, your employer, or your tax advisor to determine your maximum allowable contribution.

Unless otherwise instructed by your employer, mail this form to:

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

**Questions?** Call Fidelity Investments Tax-Exempt Services Company at **1-800-343-0860**, Monday through Friday, 8:00 A.M. - midnight ET.

### 1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

Social Security #: --

First Name & M.I.:  Last Name:

Date of Birth: --

Street Address:  Apt. No:

City:  State:  Zip:

Daytime Phone: -- Evening Phone: --

### 2. YOUR EMPLOYMENT INFORMATION

Name of Current Employer/Site/Division:

Parent Organization (or related association if applicable):

Address:

City:  State:  Zip:

Date of Hire: -- Your Occupation:



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### 3. SELECTION OF INVESTMENT OPTIONS

Please enter the whole percentage of contributions you wish allocated to the investment options you have selected from among those available under your 403(b) plan. The allocation must total 100%. Check with your employer as to which options are available for investment under your 403(b) plan.

I would like all contributions to my 403(b) accounts invested in the following investment options (*please refer to each prospectus for the full name of each fund*). If you would like different elections for your contribution sources (e.g., employer, voluntary), and your plan allows you to, you may call Fidelity at **1-800-343-0860** to make those investment elections.

#### Investment Options

Please use whole percentages

Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Fund Name:	<input type="text"/>	Fund Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%

**Total: = 100%**

### 4. DESIGNATING YOUR BENEFICIARY(IES)

I am:  Single  Married

If you are married and your plan is subject to the Employee Retirement Income Security Act (ERISA) (i.e., your employer is not a government unit or church and makes contributions to your account), and you do not designate that your spouse receive an amount equal to at least 50% (or a higher percentage, if so provided under your employer's plan) of your vested account balance in the form of a preretirement survivor annuity, then your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan. Please check with your employer about the spousal consent and any additional beneficiary requirements specific to your plan.

If you are married and you do not designate your spouse as your primary beneficiary for at least 50% of your account balance (as described above), 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.

**You are not limited to two primary and three contingent beneficiaries.** To assign additional beneficiaries, 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 (primary and contingent) total 100%. If you assign a trust as a beneficiary, please include the trust's name and address and the date the trust was created.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

#### Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my 403(b) account upon my death.

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"/>	Relationship to Applicant or Trustee Name:	<input type="text"/>	
2. 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"/>	Relationship to Applicant or Trustee Name:	<input type="text"/>	

If there is no primary beneficiary(ies) living at the time of my death, I hereby specify that the value of my 403(b) account is to be distributed to my contingent beneficiary(ies) listed below.

Your primary beneficiary cannot be your contingent beneficiary.

### Contingent Beneficiary(ies)

1. Individual or Trust Name:  Percentage:  %  
Date of Birth or Trust Date: -- Relationship to Applicant or Trustee Name:
2. Individual or Trust Name:  Percentage:  %  
Date of Birth or Trust Date: -- Relationship to Applicant or Trustee Name:
3. Individual or Trust Name:  Percentage:  %  
Date of Birth or Trust Date: -- Relationship to Applicant or Trustee Name:

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

## 5. SPOUSAL CONSENT

**This section does not need to be completed if you are single, your spouse is your primary beneficiary for at least 50% of your account balance (or a higher percentage, as described in Section 4), or your plan is not subject to ERISA, as described in Section 4.**

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 is currently under 35 years of age, this beneficiary designation becomes ineffective on (a) the first day of the plan year in which he/she reaches age 35 or (b) the date of 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 or plan representative (if provided for under the terms of your employer's plan):

Sworn before me this day -- In the State of , County of

Notary Public (provide notary stamp):

## 6. AUTHORIZATION AND SIGNATURE

### Individual Authorization: By executing this Account Application:

- I hereby adopt the Fidelity Investments 403(b)(7) Custodial Account (the Program) and certify that I have received and read the Custodial Agreement for the Program;
- **I acknowledge that the provisions of the Program shall be governed by the laws of the Commonwealth of Massachusetts;**
- I certify under penalties of perjury that my Social Security number in Section 1 of this form is correct
- I acknowledge that I have read the prospectus of any mutual fund in which I invest and agree to the terms
- **I understand that my account may be subject to an annual maintenance and/or recordkeeping fee**
- I understand that I may designate a beneficiary for my assets accumulated under the Program, 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, my estate
- 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 to Fidelity another completed and signed Beneficiary Designation Form with a later date
- I am aware that the beneficiary information provided herein shall apply to all my 403(b) accounts with Fidelity for which Fidelity Management Trust Company (or its affiliate and/or any successor appointed pursuant to the terms of such 403(b) accounts, as applicable) acts as custodian, and shall replace all previous designation(s) I have made on any of my 403(b) accounts
- I recognize that although Fidelity Management Trust Company is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my 403(b) account may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC.

Your Signature:

Date:

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**Don't forget to sign!**

