

Fidel

Benefici

1. GENERAL

This form is for plans that DO NOT require spousal

Please complete this form and sign it on the back. In the future, you may change your beneficiary by submitting a new Beneficiary Designation Form.

Mailing instructions: Return this form in the envelope provided to:
Fidelity Investments, P.O.

If you wish to send your form by mail, please use the following address:
Fidelity Investments, Mailzone K

Questions? Call Fidelity Investments at 1-800-343-0860 or visit www.fidelity.com/atwork.

2. DESIGNATING BENEFICIARIES

You are not limited to two primary and two contingent beneficiaries. If you have a complex beneficiary designation, please attach, sign, and date a separate Beneficiary Designation Form for each group of beneficiaries.

When designating primary and contingent beneficiaries, the total percentage for each group of beneficiaries total 100%. Your primary beneficiary must be designated in 100%. If you have a contingent beneficiary, please include the date the trust was created, a copy of the trust agreement, and the name of the trustee.

Unless otherwise specified by your plan, if more than one beneficiary is designated, the beneficiaries will share the assets in equal shares to your primary beneficiary(ies) who survive you. If a contingent beneficiary does not survive you, the percentage of that beneficiary's designation will be divided in proportion to the percentage selected for them.

3. SIGNATURE

Please provide your signature.

Fidelity Investments



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1. YOU

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

Social Security #:

First Name:

Last Name:

Mailing Address:

Address Line 2:

City:

Zip:

Daytime Phone:

Name of Employer:

I am: Single OR Married Name

2. DESIGNATING

Please check here if you have more than one beneficiary

Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) of the plan upon my death.

1. Individual or Trust Name:

Social Security #:

Date of Birth or Trust Date:

2. Individual or Trust Name:

Social Security #:

Date of Birth or Trust Date:



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