



IRA/HSA Beneficiary Designation

Use this form to add or change a beneficiary or successor beneficiary ("beneficiary") for your Premiere Select Traditional, Roth, Rollover, SEP-IRA, Inherited IRA, Inherited Roth IRA, Fidelity SIMPLE IRA (collectively "IRA"), or your Fidelity Health Savings Account (HSA). This form is not applicable to Inherited IRAs and Inherited Roth IRAs for trusts, estates or minors. In accordance with the Premiere Select IRA and Roth IRA Custodial Agreements and Disclosure Statements and the Fidelity SIMPLE IRA Custodial Agreement and Disclosure Statement, if the Inherited IRA/Roth IRA owner is a minor, the beneficiary will be the minor's estate or as otherwise determined in accordance with the applicable state Uniform Gifts to Minors Act or Uniform Transfers to Minors Act.

Do NOT use this form for nonretirement accounts or Fidelity Retirement Plan (Keogh) accounts.

For information regarding complex/customized beneficiary designations, refer to Page 3 of this form. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page and ensure that your account number, signature, and date are included.

Helpful to Know

- This form will replace any existing beneficiary information. Be sure this form includes ALL primary and contingent beneficiaries you want on the account(s).
- All accounts on this form must have the same account
- You may want to review this document with a tax, financial, or legal advisor.
- If naming only one beneficiary in either category (i.e., primary or contingent), the share will automatically be 100%. If naming more than one beneficiary in a category, indicate an ownership share for each (in percent, not dollars). Make sure the percentages total 100% exactly. If no shares are indicated, equal percentages will be assigned any beneficiaries in that
- category who are alive at the time of your death (or, if you checked "per stirpes" below, to the survivors of those beneficiaries). Upon transfer of assets to multiple beneficiaries, all residual income paid to your account and any fractional shares that cannot be divided equally among the beneficiaries will be systematically allocated to the beneficiary receiving the largest share proportion of the assets. If the account is transferred evenly, or at different intervals, the income and/or fractional shares will be systematically allocated to the last beneficiary
- All beneficiary names must be present on this form or an LOI or the customized beneficiary instructions. For example, "All of my children" is not acceptable as a designation.

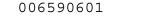
Authorized agent/Advisor

Advisor Name	G Number
	G
1 A	

1. Account Information

	First Name		Middle Name	Last Name	
	Accounts Included				
	For new accounts, attach a copy of account opening form instead of listing account numbers below.				
List all accounts to which you want this form to apply.	Fidelity Account Number Fidelity		Account Number		Fidelity Account Number
	Fidelity Account Number	Fidelity	Account Number		Fidelity Account Number
	Fidelity Account Number	Fidelity .	Account Number		Fidelity Account Number

Enter Beneficiary Information next page.



2. Beneficiary Designation

Use Complex/Custom Beneficiary sections. S			ons provided to be used in lieu o	f completing the Primary and	Contingency
Deficiency Sections.	•	, 5	beneficiaries will receive payment o	of any assets that are in this acc	ount upon your death.
For each beneficiary listing, check one and	Spouse	Beneficiary Name		,	☐ Per Stirpes
provide all required information.	☐ Non-Spouse		Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
Electing "Per Stirpes"	☐ Trust☐ Entity	SSN TIN			%
indicates that if the specified beneficiary(ies) predeceases you, his or	☐ Non-Spouse	Beneficiary Name			☐ Per Stirpes
her share of the account will pass through to his or	☐ Trust	☐ SSN ☐ TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
her descendants. Any attachments for	☐ Entity	SSN TIN			%
additional beneficiaries	_	Beneficiary Name			٦
must include your account number and your	☐ Non-Spouse	☐ Per Stirpes			
signature, and must be dated.	☐ Trust		Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
be dated.	☐ Entity	☐ SSN ☐ TIN			%
		[a a			7
	☐ Non-Spouse	Beneficiary Name			Per Stirpes
	Trust		Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
	☐ Entity	☐ SSN ☐ TIN			%
Share percentage total must equal 100%. Must be in percentages; do not use dollar amounts.	Must Total Share Percentage from this sheet plus any additional sheets must total 100% in the Grand Total field.				
		eficiaries Conting orimary beneficiari	ent beneficiaries will receive payn es survive you.	nent of any assets that are in a	this account upon
The contingent beneficiaries listed here cannot be the same as	Spouse	☐ Per Stirpes			
those listed above in	☐ Non-Spouse☐ Trust	SSN TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
the primary beneficiary section.	☐ Entity	LI SSIN LI TIIN			%
Electing "Per Stirpes"		Danafi i an Nama			٦
indicates that if the specified beneficiary(ies)	☐ Non-Spouse	Beneficiary Name			☐ Per Stirpes
predeceases you, his or her share of the account	☐ Trust		Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
will pass through to his or	☐ Entity	☐ SSN ☐ TIN			%
her descendants. Any attachments for			 		
additional beneficiaries	☐ Non-Spouse	Beneficiary Name			Per Stirpes
must include your account number and your	Trust		Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
signature, and must be dated.	☐ Entity	☐ SSN ☐ TIN			%
be dated.					
Non-Spouse Beneficiary Name					Per Stirpes
	Trust		Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
	☐ Entity	☐ SSN ☐ TIN			%
Share percentage total					
must equal 100%. Must be in percentages; do not use dollar amounts.			sheet plus any additional in the Grand Total field.	Share % this sheet	GRAND TOTAL %

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3. Signatures and Dates Form cannot be processed without signatures and dates.

By signing this form, you:

- Hereby designate the party(ies) named above as primary beneficiary(ies) to receive payment of the value of your account specified above upon your death.
- Agree that the party(ies) named above as contingent beneficiary(ies) is designated to receive payment of the value of your account specified if there is no primary beneficiary living at the time of your death.
- Understand that if your account contains community property and you do not designate your spouse as your primary beneficiary for at least 50% of the value of your account, you may want to consult with your attorney or tax advisor to determine the impact of community property laws on your beneficiary designation.
- Acknowledge that if more than one party is named and no share percentages are indicated, payment shall be made to your primary beneficiary(ies) who survives you in equal shares. If a percentage is indicated and a primary beneficiary(ies) does not survive you, unless you have checked the Per Stirpes box above, the percentage of that beneficiary's(ies') designated shares shall be divided equally among the surviving primary beneficiary(ies).
- Acknowledge and agree that the beneficiary rules of succession and related terms in the applicable Custodial Agreement will apply to any transfers or distributions from the indicated accounts following your death.
- Acknowledge that, by electing "Per Stirpes," and that beneficiary does not survive the account owner, but leaves surviving descendants, any share otherwise payable to that beneficiary shall instead be paid to that beneficiary's surviving descendants by right of representation.

- Acknowledge that "Per Stirpes" creates a category of beneficiaries (for example, the children of a beneficiary), and therefore may end up including individuals not yet born or adopted.
- Acknowledge that listing beneficiaries by name does NOT create a category of beneficiaries and that if you later want to include other beneficiaries, you will need to file a new beneficiary form.
- Acknowledge and agree that Fidelity has no obligation to locate or notify any beneficiary or to independently verify any information submitted by any person claiming an interest in your account.
- Acknowledge that Fidelity reserves the right to not make any payments until at least 30 days after the original account owner's death.
- Acknowledge that if you do not properly name a beneficiary, or no beneficiary survives you, the account will be distributed or transferred, in accordance with the rules of succession in the applicable Custodial Agreement.
- Understand if you change your beneficiary designation at any time during the year, it is your responsibility to instruct Fidelity Brokerage Services LLC ("FBS"), in a Letter of Instruction, of the impact of any such changes to any previously requested Required Minimum Distribution ("RMD") calculations and that your RMD amount may increase or decrease. If you fail to do so, subsequent distributions in your payout plan may not satisfy your RMD requirements. (Consult with your tax advisor to determine how a beneficiary change may affect your RMD amount.)

- Agree that this designation becomes effective when received and accepted by FBS, agent for Fidelity Management Trust Company ("FMTC"), and Fidelity Personal Trust company ("FPTC"), custodians, and will remain in effect until FBS receives and accepts another designation with a later date.
- Affirm that the beneficiary information provided on this form replaces any prior information that may be on record for the indicated accounts.
- Acknowledge and agree that if you elect a custom beneficiary for your account you are responsible for calculating your RMD each year if the RMD calculation is based on joint life expectancy.
- Acknowledge and agree that FBS, FMTC, FPTC, and their affiliates their officers, directors, employees, agents, affiliates, shareholders, successors, assigns, and representatives have no responsibility for determining or monitoring any further use designated for any organization named as a beneficiary and no liability with respect to any future use.
- Indemnify and hold harmless FBS, FMTC, FPTC, their officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives, from any liability in connection with any action or inaction taken in connection with any beneficiary designation instructions received on this form or separate custom designation you provide.

The Owner must print name, sign, and date.

Print Owner/Power of Attorney Name First, M.I., Last	
Owner/Power of Attorney Signature	Date MM - DD - YYYY
Z	
SIGN	
<u>v</u>	y

Important Information Regarding Complex/Customized Beneficiary Designations

Subject to the requirements outlined below, if you wish to make a beneficiary designation for your account that is more complex than what can be provided on this form, you may attach a customized beneficiary designation to this form. Consult with your attorney and/or tax advisor for assistance in determining a customized beneficiary designation that is appropriate for you.

The custom beneficiary designation must:

- Include:(1) your name, (2) your account number, and (3) your dated signature.
- Include each beneficiary's: (1) name, (2) date of birth/trust OR Social Security/Tax IdentificationNumber, (3) relationship (spouse, non-spouse individual, trust, or entity), and (4) percentage of the assets to receive upon your death.
- Clearly state who/what entity will provide Fidelity with clarifying directions if questions arise regarding the identity of and/or the percentage (or amounts) of assets each beneficiary is entitled to upon your death.

Fidelity Brokerage Services LLC, Member NYSE, SIPC

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