

Fidelity Investments

403(b) 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.

Mailing instructions: Return this form in the enclosed postage-paid envelope or to
Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

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

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 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. 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, payable in the form of a preretirement survivor annuity. 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.

Age 35 Requirement: Your spouse must be the primary beneficiary of your account as described above unless your spouse consents to a different primary beneficiary. If this designation occurs prior to the first day of the plan year in which you attain age 35, this designation is void on the earlier of (a) the first day of the plan year in which you attain age 35, or (b) the date of separation from service. When this designation is voided, your spouse will become the beneficiary for the amount described above. If you wish to designate a different primary beneficiary at that time you will need to complete a new Beneficiary Designation form.

4. AUTHORIZATION

Please provide your signature.

Fidelity Investments Institutional Operations Company, Inc.



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Fidelity Investments 403(b) 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:

Street Address:

Address Line 2:

City: State:

Zip: - I am: Single OR Married

Daytime Phone: -- Evening Phone: --

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 Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant: Spouse OR Trust OR Other

2. Individual or Trust Name: Percentage: %
Date of Birth or Trust Date: Relationship to Applicant: Spouse OR Trust OR Other

3. Individual or Trust Name: Percentage: %
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(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 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"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:	<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other
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"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:	<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other
3. 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"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:	<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other
			Total = 100%

Payment to contingent beneficiary(ies) will be made according to the rules of succession described in the instructions.

3. SPOUSAL CONSENT

As the spouse of the Participant named above, I understand that, under the terms of the Plan, my spouse's retirement benefits are to be paid to me in the form of a Qualified Joint and Survivor Annuity (QJSA), unless I choose to give up that right. By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death; (2) that my spouse's waiver of the QJSA is not valid unless I consent to it; (3) that my consent is voluntary, (4) that my consent is irrevocable unless my spouse revokes the waive to the QJSA; and (5) that my consent (signature) must be witnessed by a notary public or a representative of the Plan.

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant turns 35 that my rights to receive the QJSA benefit as determined by the retirement plan provisions will be restored to me on the earlier of (a) the first day of the plan year in which the participant attains age 35, or (b) the date the participant separates from service with the employer sponsoring the retirement Plan.

Signature of Participant's Spouse:

Date:

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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:

My Commission Expires:

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Witnessed by Plan Representative:

Date:

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Notary stamp must be in the above box



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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 or, if applicable, the Fidelity Investments Section 403(b)(7) Custodial Account Agreement.
- 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 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:

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