

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 a.m. to midnight Eastern time, or visit us at www.netbenefits.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.

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.

What effect does divorce have on beneficiary designations? If a Beneficiary Designation form was completed leaving benefits to a spouse prior to divorce, this designation is not automatically revoked by your divorce from the former spouse. Unless otherwise required by applicable federal or state law, or the terms of your retirement plan document, your former spouse will remain your beneficiary until you designate a new one. This is the case even if you remarry, unless the terms of the retirement plan document require a different beneficiary. If you remarry, your new spouse will automatically be your beneficiary for at least 50% of your account unless (1) you designate another beneficiary (which could be your former spouse) and your new spouse consents to the designation, or (2) the death benefit has been assigned to your former spouse under a qualified domestic relations order (QDRO).

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.

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:

Mailing 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:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other	
2. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other	



2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)



Primary Beneficiary(ies) continued

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.

3. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	_____
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> 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	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	_____
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other	
2. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	_____
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other	
3. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	_____
<input type="text"/>		<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.



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3. SPOUSAL CONSENT

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 is not valid unless I consent to it; (3) that my consent is voluntary; (4) that my consent is irrevocable unless my spouse completes a new Beneficiary Designation; and (5) that my consent (signature) must be witnessed by a notary public or plan representative.

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant attains age 35, then my rights to receive the death benefit as determined by the retirement plan provisions will be restored to me on the earlier of (1) 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:

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:

Notary stamp must be in the above box

Witnessed by Plan Representative:

Date:

4. AUTHORIZATION AND SIGNATURE

To help the government fight money laundering and the funding of terrorism, federal law requires Fidelity to obtain your name, date of birth, address, and a government-issued ID number before opening your account. In certain circumstances, Fidelity may obtain and verify comparable information for you and any person authorized to make transactions in an account or beneficial owners of certain entities. Further documentation is required for certain entities, such as trusts, estates, corporations, partnerships, and other organizations. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including but not limited to lost opportunities) that may result if your account is restricted or closed.

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 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:

This information is intended to be educational and is not tailored to the investment needs of any specific investor.

This document provides only a summary of the main features of the EPC 403(b)(9) Plan and the Plan Document will govern in the event of discrepancies.

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