# Fidelity Investments
## 403(b) Individual Custodial Account Application

### GENERAL INSTRUCTIONS

**Opening a new account:** Please complete this form and sign it on the back. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity. Once your account is established, you can submit a Salary Reduction Agreement to your employer, who can then forward contributions to your account. Please contact Fidelity, your employer, or tax advisor to determine your maximum allowable contribution.

Moving assets from an existing plan: To make a transfer or rollover contribution, please complete the enclosed transfer/rollover form. If a form was not included within your enrollment kit, please call Fidelity to request a form.

Fees: Your account may be subject to an annual maintenance and/or recordkeeping fee.

**Mailing instructions:** Please use a black pen and print clearly in CAPITAL LETTERS.

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<th>Field</th>
<th>Instructions</th>
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<tr>
<td>Social Security #</td>
<td>Date of Birth</td>
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<td>First Name</td>
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<td>Mailing Address</td>
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<td>Address Line 2</td>
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<td>City</td>
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<td>ZIP</td>
<td>Plan Number (if known):</td>
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<td>Name of Employer</td>
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<td>Employer ZIP (if known)</td>
<td>Date of Hire</td>
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<tr>
<td>I am: Single OR Married</td>
<td>Name of Site/Division:</td>
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Questions? Call Fidelity Investments at 1-800-343-0860, Monday through Friday, from 8 a.m. to midnight Eastern time (excluding New York Stock Exchange holidays), or visit us at [www.fidelity.com/atwork](http://www.fidelity.com/atwork).

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

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YOUR INFORMATION

Please use a black pen and print clearly in CAPITAL LETTERS.
SELECTING YOUR INVESTMENT OPTIONS

You may choose to invest in the Fidelity Freedom K® Funds or other investment options Fidelity has to offer. You may select one option or a combination of the two. If you choose a combination, be sure the total of your investments adds up to 100% (Sections A + B below).

NOTE: For investors who prefer to create their own portfolio, Fidelity offers a wide selection of investments to choose from. Contact Fidelity for a free prospectus. Please read it carefully before you invest.

A. Freedom Fund Options
Choose the Fidelity Freedom K® Fund that matches your anticipated retirement date. If you choose to invest only in Freedom funds, make sure your Freedom fund selection(s) totals 100%.

The percentages represent anticipated target asset allocation as of March 31, 2012.
Target asset allocations may appear equal due to rounding. Allocation percentages may not add up to 100% due to rounding and/or cash balances.
Fidelity Freedom K® Funds are designed for investors expecting to retire around the year indicated in each fund’s name. Except for the Fidelity Freedom K® Income Fund, the funds’ asset allocation strategy becomes increasingly conservative as it approaches the target date and beyond. Ultimately, the funds are expected to merge with the Fidelity Freedom K® Income Fund. The investment risk of each Fidelity Freedom K® Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds’ target dates.

B. Other Investment Options
Please check here if you are selecting more than four investment options.

Investment Options
Fund Code:  Fund Name:  Please use whole percentages

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<tr>
<th>Code</th>
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<th>Percentage</th>
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Grand Total (A + B) = 100%

Keep in mind that if your figures don’t add up to 100% or if you leave this section blank, your contributions will be invested in the default option described in your employer’s summary plan document or the Individual Custodial Account Agreement.

DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to two primary beneficiaries and one contingent beneficiary. To assign additional beneficiaries, or to make 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.
DESIGNATING YOUR BENEFICIARY(IES), continued

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.

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:
   Social Security Number: OR Tax ID Number: Percentage:
   Date of Birth or Trust Date:

2. Individual: OR Trust Name:
   Social Security Number: OR Tax ID Number: Percentage:
   Date of Birth or Trust Date:

Contingent Beneficiary
If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary listed below. Please note: Your primary beneficiary cannot be your contingent beneficiary.

Individual: OR Trust Name:
Social Security Number: OR Tax ID Number: Percentage:
Date of Birth or Trust Date:

If you are assigning additional contingent beneficiaries, payment to contingent beneficiaries will be made according to the rules of succession described under Primary Beneficiary(ies).

SPOUSAL CONSENT
The Spousal Consent section applies only when (1) you are married, (2) you name someone other than your spouse as your primary beneficiary, and (3) the 403(b) plan requires that your spouse consent to your naming another beneficiary. Please check with the employer who sponsored the 403(b) plan to determine if spousal consent applies.

Spousal Consent: If you are married, and your plan is subject to the Employee Retirement Income Security Act (ERISA), the plan requires you to designate that your spouse receive at least 50% of your vested account balance in the form of a preretirement survivor annuity. If you are married and you do not designate your spouse as your primary beneficiary for a portion of 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. Please check with your employer about the spousal consent and any additional beneficiary requirements specific to your 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 void, 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.
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 as required by the 403(b) plan, 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 revokes this beneficiary designation and it is not valid unless I consent to it, (3) that my consent is voluntary, (4) that my consent is irrevocable unless my spouse revokes this beneficiary designation, 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 attains age 35, my rights as a primary beneficiary 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: 

To be completed by a notary public or representative of the plan (if provided for under the terms of your employer’s 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

As plan representative, I witnessed the spouse’s signature.  Date: 

**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 acknowledge that I have read the prospectus of any mutual fund in which I invest and that it is my responsibility to read the prospectus(es) of any fund into which I exchange and agree to the terms.
- 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 Fidelity Management Trust Company (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.
- I understand that my account may be subject to an annual maintenance and/or recordkeeping fee.
- I hereby adopt the Fidelity Investments 403(b) Individual Custodial Account (“the Program”) and certify that I have received and read the Individual 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 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 understand that if my employer’s 403(b) program is controlled by a formal retirement plan document, the plan document may enforce a different beneficiary requirement.
- I recognize that although FMTC 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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