

Fidelity Investments Enrollment Form 457(b) Deferred Compensation Plan



Opening a new account: Please complete this enrollment form, and sign it on the back. Once your account is established, you can submit a Workplace Savings Plan Contribution Form (Salary Reduction Agreement) to your employer, who can then forward contributions to your account. Please contact your employer or tax advisor to determine your maximum allowable contribution.

Fees: Your account may be subject to an annual maintenance and/or recordkeeping fee, which will vary depending on your institution's plan size and processing requirements.

Designating beneficiaries: You can designate beneficiaries by completing a Beneficiary Designation Form and submitting it to Fidelity. Unless otherwise instructed by your employer, return this form in the postage-paid envelope or to

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

Transferring from an existing 457(b) non-governmental plan (if allowed by your employer): If you are transferring assets to Fidelity and as a result establishing a new 457(b) non-governmental account, please complete a 457(b) Non-Governmental Transfer Form in addition to this Enrollment Form.

457(b) governmental plan transfer or rollover (if allowed by your employer): Movement of money between the same plan types, Governmental 457(b) to Governmental 457(b), will be requested as an in-plan transfer. Movement of money between different plan types will be requested as a rollover. Please call to request a Transfer/Rollover/Exchange Form and return it with this Enrollment Form.

Questions? For additional assistance, please contact Fidelity Investments at 1-800-343-0860, or for the hearing impaired (TTY), 1-800-259-9743, Monday through Friday, 8:30 a.m. to 8:30 p.m. (except for New York Stock Exchange holidays).

1. PARTICIPANT 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:

Daytime Phone: -- Evening Phone: --

Email:

2. EMPLOYER INFORMATION

Name of Current Employer/Site/Division:

Mailing Address:

City: State:

Zip:

Date of Hire: -- Your Occupation:



3. SELECTION OF INVESTMENT OPTIONS

Please enter the percentage of contributions you wish allocated to the investment options you have selected from among those available under your employer's plan. The allocation must total 100%. Check with your employer as to which options are available for investment under your plan.

I would like all contributions to my employer's plan invested in the following investment options (please refer to each prospectus for the full name of each fund):

Please check here if you are selecting more than four investment options.

Investment Options

Please use whole percentages

Fund Code:	Fund Name:	Percentage:								
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			<hr style="width: 100%;"/> Total = 100%							

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 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 understand that my account may be subject to an annual maintenance and/or recordkeeping fee.**
- 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 based on the provisions of the Plan.
- If Fidelity Management Trust Company ("FMTC") is the trustee of my Employer's Plan, I recognize that although FMTC is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my accounts 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: --



Fidelity Investments

457 or Nonqualified Beneficiary Designation Form



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.

Return this form in the enclosed postage-paid envelope or mail 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.

1. YOUR INFORMATION

Social Security #: -- Date of Birth: --

First Name:

Last Name:

Mailing Address:

Address Line 2:

City: State:

Zip:

Daytime Phone: -- Evening Phone: --

E-mail:

Name of Employer: City/State of Employer:

Plan Number (if known): Type of Plan: 457(b) Section 83 457(f)

I am: Single OR Married Name of Site/Division:

2. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to two primary and one contingent beneficiaries. To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper with the additional beneficiary information.

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 trust's name and the date the trust was created.

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 beneficiaries who survive 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 beneficiaries in proportion to the percentage selected for them.

Please check here if you have more than two primary or one contingent beneficiaries.

Fidelity Investments Institutional Operations Company LLC.



5VFITSAK001



2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

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	Total = 100%

Contingent Beneficiary(ies)

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(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	Total = 100%

Payment to contingent beneficiary(ies) will be made according to the same instruction listed under the Primary Beneficiary(ies) section.

3. SIGNATURE AND AUTHORIZATION

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 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 understand that I may designate a beneficiary for my assets accumulated under the plan and that if I choose not to designate a beneficiary, my beneficiary will be made based on the provisions of the plan.
- I am aware that the beneficiary information provided herein shall apply to all of my accounts under the plan listed in Section 1 and shall replace all previous designation(s) I have made to my account under the plan.

Your Signature: Date:

