

**COMPLETE THIS INSTITUTIONAL INVESTOR PROFILE QUESTIONNAIRE TO
RECEIVE A COMPLIMENTARY INVESTMENT RECOMMENDATION**

This Institutional Investor Profile Questionnaire will give our investment managers the necessary information to provide you with an Investment Recommendation designed to help you achieve your organization's investment goals.

- ▶ Please complete the questionnaire, which may take approximately 30 minutes.
- ▶ If you wish to complete this questionnaire with one of our Investment Consultants, either over the phone or in person at a Fidelity Investor Center, **please call 800-897-1448 weekdays, 8 a.m. to 8 p.m. Eastern time.**
- ▶ When completed, please return the questionnaire to us in the enclosed postage-paid envelope.

Please answer the questions as accurately and completely as possible. Because certain questions require financial information, we encourage you to have your financial statements handy. (Please do not include financial statements, tax returns, etc., with your completed questionnaire unless instructed to do so.) Any unanswered questions may result in either a delay or our inability to provide your organization with an Investment Recommendation.

Because your organization may have unique circumstances, feel free to add notes or a letter to this questionnaire, but we ask that you do not substitute a letter for this questionnaire.

Thank you for considering Fidelity Portfolio Advisory Service.

PRODUCT SELECTION

Select the type of professional investment management service you are considering.
Please check one type only.

- Fidelity Portfolio Advisory Service®—all-Fidelity Option**
An actively managed model portfolio of Fidelity mutual funds
(minimum investment of \$200,000 in each account)
- Fidelity Portfolio Advisory Service®—Blended Option**
An actively managed model portfolio of Fidelity and non-Fidelity mutual funds
(minimum investment of \$200,000 in each account)

CLIENT INFORMATION

Today's Date: _____

Organization Name: _____

Type of Organization: _____

(Corporation, Foundation, Partnership, Sole Proprietorship, etc.)

Primary Organization Activity: _____

Organization Address: _____

City: _____

Tax ID Number: _____

Primary Contact: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Fax: _____

Additional Contact: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Fax: _____

1. Are financial decisions made by a single person or committee?

 Single Person Committee

If committee, how many? _____

How frequently does the committee meet? _____

2. Please provide any other background information about the investment review process within your organization:

3a. With which financial institution(s) is your organization currently investing?

3b. Are your organization's investments **currently** being professionally managed? (*i.e., does a professional have discretion over the money and make ongoing decisions on your behalf?*) Yes No

If yes, by which firm(s)? _____

3c. Has your organization used professional investment management **in the past?** Yes No

If yes, by which firm(s)? _____

3d. What investment experiences led your organization to consider Portfolio Advisory Services?

Please continue →

4a. How much does your organization plan to invest with Portfolio Advisory Services?

\$ _____ (\$200,000 minimum initial investment required)

4b. What type of account does your organization wish to establish? (Please check one)

Non-Retirement

- Regular Business Account
- Partnership
- Foundation
- Corporate Trust
- Other (Specify):

Retirement Plans

- Defined Benefit
- Defined Contribution
- Money Purchase
- Profit Sharing
- Other (Specify):

Your retirement plan is a: (Please check one)

- Fidelity prototype retirement plan
- Retirement Investment Only plan (non-Fidelity prototype)

5a. For us to provide your organization with an appropriate recommendation, it is important that we understand how your organization intends to use the assets in this account. Please review the following options to determine which one most accurately describes your organization's anticipated investment goal(s) and time horizon. Our overall objective will be to provide the best total return possible within your organization's time horizon and risk parameters.

- Your organization plans to use this Portfolio Advisory Services account to meet cash flow needs at some point in the future. Nearest year needed: _____

If this cash flow goal starts within four years, please provide the annual amount you would anticipate withdrawing*: \$ _____

**Note: If your organization's cash flow needs are more than four years away, your Portfolio Advisory Services Relationship Officer will capture withdrawal information through the Annual Strategic Review process as we move closer to the time of withdrawals. If your organization's annual withdrawals will begin more than four years from now, but you know how much they will be at that time, please include that information.*

- Your organization anticipates withdrawing lump sums from this account to cover large, one-time expenses starting in _____ (within 10 years, nearest year needed).* The most you anticipate withdrawing per year is \$ _____.

**Note: Portfolio Advisory Services is not designed for investments that require large lump-sum withdrawals of more than half your original investment within the first three years of investment. If this is the case, please contact your Portfolio Advisory Services Representative to discuss other investment alternatives.*

- Your organization does **not** anticipate using this money to meet cash flow needs or large one-time expenses within 10 years. Anticipated nearest year in which a large lump-sum withdrawal will be needed: _____

5b. Other details, if any, regarding your organization's investment objectives:

5c. Please explain any other factors particular to your organization that may require drawing upon this money earlier than expected. (Such as business seasonality or cyclical trends, unexpected cash management needs, funding a major liability, or if you are a business owner, personal use)

6a. Does your organization plan to add money to your Portfolio Advisory Services account each year?

Yes No

If yes, how much? \$ _____

6b. Do you expect the amounts to vary? *(Please explain)*

6c. At what federal tax rate will the investment earnings of this account be taxed?

_____ % Exempt from all federal taxes

Does your organization have any special tax situations? *(If so, please explain)*

RETIREMENT PLAN GOALS

Complete this section only if you are considering Fidelity Portfolio Advisory Service for your organization's retirement plan assets.

Please provide the following plan information for Retirement Accounts *(Tax-qualified plans only)*:

7a. Number of participants in the plan: _____

7b. Average age: _____

7c. Age range: _____

7d. What are the plan's vesting rules? *(If applicable)*

7e. When an employee leaves, does he or she receive a fixed or variable amount from the plan?

Fixed Variable

In order to understand the effects of distributions from your organization's retirement plan, it is important that you provide the following information relating to the number of participants that will soon be retiring, and how much money is likely to leave the Fidelity Portfolio Advisory Service account.

8a. How many plan participants are within three years of retirement? _____

8b. What percentage of the plan assets do these individuals account for? _____ %

8c. Is it likely that the money will leave the plan when they retire?

Yes No

8d. Will the plan's distributions be funded from the Fidelity Portfolio Advisory Service account?

Yes No

14. Please check the boxes below as appropriate for your organization.

Which of these types of investments, if any, does your organization own or has it owned in the past?	Was your organization comfortable with the fluctuation in value?		Has your organization ever realized a loss or experienced a significant decline in value in these investments?	
	Y	N	Y	N
Fixed-Income Investments				
<input type="checkbox"/> Bond Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High-Yield Bond Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Individual Notes and Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equity Investments				
<input type="checkbox"/> Growth & Income Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aggressive Growth Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Individual Stocks (Common or Preferred)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sector Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> International Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Investments				
<input type="checkbox"/> Investment Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Options/Commodities/Derivatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Precious Metals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Please characterize the investment experience of the board members or decision makers, outside the organization experience referenced on the previous page.

16. How often do your organization's decision makers meet to discuss or review financials?

- Quarterly
- Every six months
- Once a year
- Every two years
- Every three years or less frequently

17. Please provide additional comments about your organization's investment experience that may help us better understand its investment needs:

FINANCIAL PROFILE

18. Please list, in the first and second columns, your organization’s **Total Investable Assets**. Amounts in column 1 should not be included in column 2, and vice versa. In the third column, list only the investable assets your organization plans to use to fund your Portfolio Advisory Services account.

Complete information is necessary to provide an appropriate recommendation in the context of your organization’s entire portfolio. If left blank, a recommendation cannot be furnished by our investment managers.

Asset Type	Organization’s Savings	Tax-Deferred Holdings	Assets to be used for Account
Cash Holdings			
Cash/Savings Account	\$ _____	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____	\$ _____
Money Market Accounts	\$ _____	\$ _____	\$ _____
Guaranteed Investment Contracts (GICs)	\$ _____	\$ _____	\$ _____
Mutual Funds			
Bond Mutual Funds	\$ _____	\$ _____	\$ _____
Stock Mutual Funds	\$ _____	\$ _____	\$ _____
Individual Securities			
Individual Bonds or Notes	\$ _____	\$ _____	\$ _____
Individual Stock <i>(Common or Preferred)</i>	\$ _____	\$ _____	\$ _____
Options and Commodities	\$ _____	\$ _____	\$ _____
Other Investments			
Investment Real Estate	\$ _____	\$ _____	\$ _____
Limited Partnerships	\$ _____	\$ _____	\$ _____
Life Insurance <i>(Cash Value)</i>	\$ _____	\$ _____	\$ _____
Precious Metals	\$ _____	\$ _____	\$ _____
Other investments <i>(Specify):</i>			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____

19. Please provide any other information about your organization’s investment plan that a “prudent expert” would need to know in order to make a proper recommendation:

Fidelity Portfolio Advisory Service® is a service of Strategic Advisers, Inc., a registered investment adviser and a Fidelity Investments company. Fidelity Private Portfolio Service® may be offered through the following Fidelity Investments companies: Strategic Advisers, Inc., Fidelity Personal Trust Company, FSB (“FPT”), a federal savings bank, or Fidelity Management Trust Company (“FMTC”). Nondeposit investment products and trust services offered through FPT and FMTC and their affiliates are not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency, are not obligations of any bank, and are subject to risk, including possible loss of principal. **These services provide discretionary money management for a fee.**

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