

TRUST — FIDELITY® CASH MANAGEMENT ACCOUNT APPLICATION

Please complete all relevant sections, sign in ink, and return to Fidelity in the envelope or mail to: Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0036.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money-laundering activities, federal law requires Fidelity to verify your identity by obtaining your name, date of birth, address, and a government-issued identification number before opening your account. In certain circumstances, Fidelity may obtain and verify this information with respect to any person(s) authorized to effect transactions in an account. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is required. Your account may be restricted and/or closed if Fidelity cannot verify this information. Fidelity will not be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

1 ACCOUNT SETUP

Please complete the Trust Information and attach copies of those pages of the trust that provide the full name of the trust and all signatures. **All fields in bold are required in order to open an account.**

Note: Do not use this account if any current or future trust beneficiary is not a natural person. Do not use this account to establish a retirement, custodial, or omnibus (pooled) account at Fidelity. Please contact a Fidelity representative at 800.FIDELITY for additional information.

2 FINANCIAL PROFILE

We are required by the Financial Industry Regulatory Authority (FINRA) and other industry regulators to obtain the information in this section.

3 FUNDING YOUR ACCOUNT

You may fund your account by check, by transferring proceeds from liquidated assets at another financial firm, by transferring money market positions or proceeds from another nonretirement Fidelity account, by electronic funds transfer from a bank or another financial firm, or by wire transfer from a bank or another financial firm.

4 ACCOUNT FEATURES

Your account automatically includes various features to help you manage your everyday finances—checkwriting, Debit/ATM card, and Fidelity BillPay® are standard features of your account. Please decline any features you do not wish to use. More information on each of these services is included in this section.

5 OPTIONAL FEATURES

Other convenient features and services you may want to add include direct deposit, electronic funds transfer, and account and statement householding.

6 SIGNATURE(S)

Please be sure to sign the application and checkwriting form (if applicable) in ink. **We cannot process the application without the signatures of all the trustees who are listed as account owners.**

IMPORTANT NOTES REGARDING TRUSTS

For domestic trusts, complete the Certification of Trust form provided with your application, or download the Certification of Trust form from Fidelity.com.

For foreign trusts, include the pages of your Trust document that provide the full name of the trust, grantor(s), trustee(s), and all signature pages. Do not include the entire Trust document.

QUESTIONS?

For more information



800.FIDELITY or **Fidelity.com**
(800.343.3548)

1 ACCOUNT SETUP**TRUST INFORMATION**

For **domestic** trusts, complete the Certification of Trust form provided with your application, or download the Certification of Trust form from Fidelity.com.

For **foreign** trusts, include the pages of your Trust document that provide the full name of the trust, grantor(s), trustee(s), and all signature pages. Do not include the entire Trust document.

Full legal name of trust _____

For the benefit of (name all beneficiaries) _____

Check the box to confirm that the current and future beneficiaries of the trust are all natural persons.

Date of Trust (mm/dd/yyyy) _____ **Taxpayer ID or Social Security number** _____

Permanent address (no P.O. boxes) _____
Street City State ZIP

Mailing address (if different from above) _____
Street City State ZIP

State/country of organization _____

GOVERNMENT ID (FOREIGN TRUSTS ONLY) Government-issued document that evidences the existence of the trust or entity and has a reference number. *Please attach a photocopy.*

Government-issued identification number _____

Type of document _____

Country of issuance _____

TRUSTEE I

If more than two Trustees, please attach a separate piece of paper with their names and required information from the Trustee section in Account Setup and the signature of each Trustee.

Full legal name _____
First Name Middle Name Last Name

Date of birth (mm/dd/yyyy) _____ **E-mail address** _____

Social Security number _____ or **Taxpayer ID number** _____

Permanent address (no P.O. boxes) _____
Street City State ZIP

Mailing address (if different from above) _____
Street City State ZIP

Phone numbers Evening _____ Day _____ Ext. _____

Countries of citizenship U.S. Other(s) _____

Country of tax residence U.S. Other _____

(Continued on next page)



1 ACCOUNT SETUP (CONTINUED)**TRUSTEE I (CONTINUED)****GOVERNMENT ID (FOREIGN CITIZENS ONLY)** Identification document must have a reference number and photo. Please attach a photocopy.Place of birth _____
City State/Province CountryImmigration status Permanent resident Non-permanent resident Non-resident

Check which type of document you are providing:

 U.S. driver's license DHS permanent resident alien card Passport with U.S. visa Employer Authorization Document Passport without U.S. visa*

*Bank name required

*Account number required

 Foreign national identity document*

*Bank address required

*Phone number required

Document number and country of issuance _____

(Number from the document checked above)

Employment status Employed Not employed Retired Occupation _____
(if retired or not employed, indicate source of income) Self-Employed If you are self-employed and your business address is the same as your legal home address, please initial here that you work out of your home: _____

Employer's name _____

Address _____ City _____ State _____ ZIP _____

ASSOCIATIONS Check this box if you are associated with, or employed by, a stock exchange or a member firm of an exchange or FINRA, a municipal securities dealer, or Fidelity. If you checked the box, obtain and attach the compliance officer's letter of approval ("407 letter") and indicate the name and address of the entity with which you are associated below. Failure to include an approval letter may delay the processing of your request. We must tell the associated entity you have applied for this account. An account approval letter is not required for Fidelity employees. Check here if your association is through your employer. (If you checked this box, you are not required to complete the information below.)

Associated Entity Name _____

Address _____ City _____ State _____ ZIP _____

 Check this box if you are a control person or associated with either a) another member, b) member organization, or c) an immediate family/household member of a control person or associated with a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policymaking officer, and members of the board of directors).

Trading symbol _____ Company _____

TRUSTEE II**Full legal name** _____
First Name Middle Name Last Name**Date of birth (mm/dd/yyyy)** _____ **E-mail address** _____**Social Security number** _____ or **Taxpayer ID number** _____**Permanent address** _____
(no P.O. boxes) Street City State ZIP**Mailing address** _____
(if different from above) Street City State ZIP

1 ACCOUNT SETUP (CONTINUED)

TRUSTEE II (CONTINUED)

Phone numbers Evening _____ Day _____ Ext. _____

Countries of citizenship U.S. Other(s) _____

Country of tax residence U.S. Other _____

GOVERNMENT ID (FOREIGN CITIZENS ONLY) Identification document must have a reference number and photo. Please attach a photocopy.

Place of birth _____
City State/Province Country

Immigration status Permanent resident Non-permanent resident Non-resident

Check which type of document you are providing:
 U.S. driver's license DHS permanent resident alien card Passport with U.S. visa Employer Authorization Document
 Passport without U.S. visa* Foreign national identity document*

*Bank name required *Account number required

*Bank address required *Phone number required

Document number and country of issuance _____
(Number from the document checked above)

Employment status

Employed Not employed Retired Occupation _____
(if retired or not employed, indicate source of income)

Self-Employed If you are self-employed and your business address is the same as your legal home address, please initial here that you work out of your home: _____

Employer's name _____

Address _____ City _____ State _____ ZIP _____

ASSOCIATIONS

- Check this box if you are associated with, or employed by, a stock exchange or a member firm of an exchange or FINRA, a municipal securities dealer, or Fidelity. If you checked the box, obtain and attach the compliance officer's letter of approval ("407 letter") and indicate the name and address of the entity with which you are associated below. Failure to include an approval letter may delay the processing of your request. We must tell the associated entity you have applied for this account. An account approval letter is not required for Fidelity employees.
- Check here if your association is through your employer. (If you checked this box, you are not required to complete the information below.)

Associated Entity Name _____

Address _____ City _____ State _____ ZIP _____

- Check this box if you are a control person or associated with either a) another member, b) member organization, or c) an immediate family/household member of a control person or associated with a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policymaking officer, and members of the board of directors).

Trading symbol _____ Company _____

2 FINANCIAL PROFILE (REQUIRED)

YOUR INVESTMENT OBJECTIVE

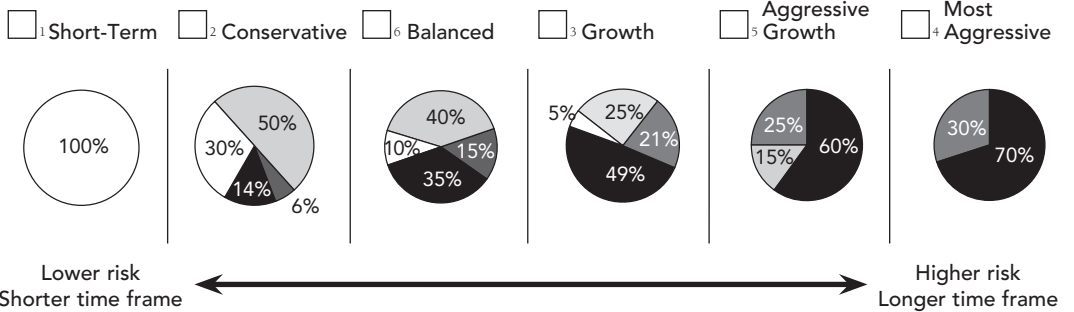
You should choose your investments based on your objectives, time frame, and tolerance for market fluctuation. From short-term liquid investments that seek to preserve capital (accepting the lowest returns in exchange for stability) to longer-term investments that seek maximum growth (but can tolerate very wide fluctuations in market values), you can choose an approach that's best for you. Simply check the box below that most closely matches your investment objective.

Check one profile. (Determine your profile using the information below.)

SAMPLE PORTFOLIO MIX

Asset Class

- Short-Term
- Foreign Stocks
- U.S. Domestic Stocks
- Bonds



- Short-Term** You seek to preserve your capital and can accept the lowest returns in exchange for price stability.
- Conservative** You seek to minimize fluctuations in market values by taking an income-oriented approach with some potential for capital appreciation (minimum required for writing covered call options).
- Balanced** You seek the potential for capital appreciation and some income and can withstand moderate fluctuations in market value.
- Growth** You have a preference for growth and can withstand significant fluctuations in market value.
- Aggressive Growth** You seek aggressive growth and can tolerate wide fluctuations in market values, especially over the short term.
- Most Aggressive** You seek very aggressive growth and can tolerate very wide fluctuations in market values, especially over the short term (required for options strategies other than writing covered call options).

Generally, among asset classes, stocks may present more short-term risk and volatility than bonds or short-term instruments, but may provide greater potential return over the long term. Although bonds generally present less short-term risk and volatility than stocks, bonds do entail interest rate risk (as interest rates rise, bond prices usually fall, and vice versa) and the risk of default, or the risk that an issuer will be unable to make income or principal payments. Additionally, bonds and short-term investments entail greater inflation risk, or the risk that the return of an investment will not keep up with increases in the prices of goods and services, than stocks. Finally, foreign investments, especially those in emerging markets, involve greater risk and may offer greater potential return than U.S. investments.

Check one box in each column.

ANNUAL INCOME (from all sources)	ESTIMATED NET WORTH (excluding residence)	ESTIMATED LIQUID NET WORTH	FEDERAL TAX BRACKET
<input type="checkbox"/> ₁ Under \$20,000	<input type="checkbox"/> ₁ Under \$30,000	<input type="checkbox"/> ₁ Under \$15,000	<input type="checkbox"/> ₁ ≤15%
<input type="checkbox"/> ₂ \$20,000–\$50,000	<input type="checkbox"/> ₁ \$30,000–\$50,000	<input type="checkbox"/> ₁ \$15,000–\$50,000	<input type="checkbox"/> ₂ 25%
<input type="checkbox"/> ₃ \$50,001–\$100,000	<input type="checkbox"/> ₂ \$50,001–\$100,000	<input type="checkbox"/> ₂ \$50,001–\$100,000	<input type="checkbox"/> ₃ ≥28%
<input type="checkbox"/> ₄ Over \$100,000	<input type="checkbox"/> ₃ \$100,001–\$500,000	<input type="checkbox"/> ₃ \$100,001–\$500,000	
	<input type="checkbox"/> ₄ Over \$500,000	<input type="checkbox"/> ₄ Over \$500,000	

3 FUNDING YOUR ACCOUNT

Please select a funding option for your Fidelity® Cash Management Account.

BY CHECK

- I have enclosed a check made payable to Fidelity Brokerage Services LLC, to be deposited to this Fidelity Cash Management Account.

BY ELECTRONIC FUNDS TRANSFER (EFT)

- I will transfer funds from a bank or another firm and have completed the required information for establishing electronic funds transfer (see Section 5).

BY WIRE TRANSFER

- I will wire funds from my bank or brokerage firm. Please provide the following instructions to the financial institution where the funds are deposited:

Wire funds to: J.P. Morgan Chase, NY

ABA Routing Number: 021000021

For credit to: National Financial Services LLC

Account number: 066196-221

For benefit of: List the trust name and all trustee names on the Fidelity Cash Management Account

For final credit to: Your account number (letters included if applicable)*

Address: One Chase Manhattan Plaza, New York, NY 10005

*You will need to have your Fidelity Cash Management Account number for your wire transfer instructions. Please contact a Fidelity Representative several business days after you have returned this application for the account number.

TRANSFER FUNDS FROM EXISTING FIDELITY ACCOUNT

- I instruct Fidelity to transfer proceeds from the core position of my nonretirement Fidelity account:

Account Number(s): _____ Amount(s): \$ _____

- I instruct Fidelity to liquidate mutual fund(s) held in my nonretirement Fidelity Funds account(s) and transfer proceeds to this new account, per the following instructions:

Account Number(s): _____

Position: _____ Amount: \$ _____

Position: _____ Amount: \$ _____

CORE POSITION

Cash that you keep in your Fidelity Cash Management Account will be kept in an FDIC-Insured Deposit Sweep, which is the core position in your core account. The available cash balance in the account is automatically swept into an interest-bearing deposit account at a Program Bank. Your cash balance held at a Program Bank is eligible for FDIC insurance coverage, in accordance with FDIC rules. Please refer to the Fidelity Cash Management Account FDIC-Insured Deposit Sweep Program Disclosures document provided with your Customer Agreement for more information.

4 ACCOUNT FEATURES

The features below come automatically with your Fidelity Cash Management Account. For more information on these features, please visit [Fidelity.com/cashmanagement](https://www.fidelity.com/cashmanagement). Also, please note that each of the features offered below is subject to the approval of Fidelity and/or the third-party provider of the specified service.¹

- 1. Checkwriting:**² Unlimited, free checkwriting with no minimum amount on the checks you write on your Fidelity Cash Management Account. **All trustees listed on this account need to sign and attach the checkwriting form and return it with this application.**

You will not receive checks until we receive your completed checkwriting form.

Yes, I would like to receive check images with my monthly statements.

The name and address of the trust will be printed on your checks.

- 2. Fidelity Visa® Gold Check Card (Debit/ATM):**³ Make withdrawals at no cost to you from any ATM displaying the Visa®, Star®, or Plus® logos, or make purchases wherever Visa is accepted.⁴

Yes, I would like to receive an additional card for the trustees listed on this application in Section 1 (including those listed on an attachment, if any) as account owners.

- 3. Fidelity BillPay®:**⁵ Enjoy the convenience of paying your bills online, directly from your Fidelity Cash Management Account with our Fidelity BillPay service. There is no charge for this service.

By signing and returning this document, you are automatically applying for these account features unless you elect not to have any of them by checking the appropriate box below. You also acknowledge that you will read and agree to the terms set forth in the Fidelity Cash Management Account Customer Agreement. Also, you will receive additional agreements prior to your using Fidelity Visa Gold Check Card and Fidelity BillPay. By using these services, it will be deemed that you have accepted the terms and conditions within each of these service agreements.

Please do not enroll me in the following features:

- Checkwriting
- Fidelity Visa Gold Check Card (Debit/ATM)
- Fidelity BillPay

¹ Fidelity may share the following pieces of information (as available): trust name, trustee names, address, phone number(s), Social Security number or Tax Identification number, date of birth, and Fidelity Cash Management Account number with PNC Bank NA for the Fidelity Visa Gold Check Card, and with Fiserv Corporation for Fidelity BillPay.

² All checks written will be reported on your Fidelity Cash Management Account statement. **Fidelity must have a checkwriting form on file to establish this service.**

³ The Fidelity Visa® Gold Check Card is issued by PNC Bank NA with no annual fee and is administered by BNY Mellon Investment Servicing Trust Company. These entities are not affiliated with Fidelity Investments. You have read and agree to the important disclosures contained in the accompanying Fidelity Cash Management Account Customer Agreement. The Fidelity Check Card Agreement and Disclosure Statement will accompany your debit card. The third-party trademarks appearing herein are the property of their respective owners.

⁴ All Fidelity ATM withdrawal fees will be waived for your Fidelity Cash Management Account. In addition, your Fidelity Cash Management Account will automatically be reimbursed for all ATM fees charged by other institutions while using a Fidelity Visa® Gold Check Card linked to your Fidelity Cash Management Account at any ATM displaying the Visa® PLUS®, or STAR® logos. The reimbursement will be credited to the Fidelity Cash Management Account the same day the ATM fee is debited from the account. Please note that there is a foreign transaction fee of 1% that is not waived and that will be included in the amount charged to your account. The Fidelity Visa® Gold Check Card is issued by PNC Bank NA and is administered by BNY Mellon Investment Servicing Trust Company, which are not affiliated with Fidelity Investments.

⁵ Schedule bills to be paid electronically from your Fidelity Cash Management Account through [Fidelity.com](https://www.fidelity.com). See the Fidelity BillPay Service Agreement for complete details.

5 OPTIONAL FEATURES

DIRECT DEPOSIT

To have all or a portion of your paycheck or other recurring payment (e.g., Social Security monthly check) deposited into your Fidelity Cash Management Account, please complete Sections 1 and 2 (specifically subsections 2A and 2B) of the *Authorization for Direct Deposit to a Fidelity Investments Account* form located at [Fidelity.com/directdeposit](https://www.fidelity.com/directdeposit), and submit it to your employer's payroll department or the issuer of any recurring checks you receive. Please instruct your employer to use the instructions for a Fidelity brokerage account direct deposit. **Do not return this form to Fidelity.**

ELECTRONIC FUNDS TRANSFER (EFT)

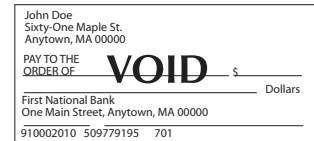
You can use this service to move cash electronically to or from your new Fidelity Cash Management Account and another financial firm. Electronic funds transfers (EFT) occur only when you initiate them. Your financial firm may charge a fee.

Yes, I wish to establish electronic funds transfer.

Please read the Important Information about Your Use of Electronic Funds Transfer (EFT) on pages 8 and 9 of this application.

For EFT to be established, at least one common name must match exactly between your Fidelity Cash Management Account and bank account, and a voided check or deposit slip containing the bank ABA or ACH routing number should be included with this application. If a matching voided check or deposit slip is not provided, then the bank information below must be provided and all signatures on this application must be signature guaranteed. A signature guarantee is designed to protect you and Fidelity from fraud. You should be able to obtain a signature guarantee from a bank, broker, broker-dealer, credit union (if authorized under state law), securities exchange or association, clearing agency, or savings association. A notary public cannot provide a signature guarantee, and a notarization cannot be accepted in lieu of a signature guarantee.

Attach a voided check or deposit slip from your checking or savings account. Passbook savings accounts are not eligible.



Attach here

Bank ABA routing number

Name of Bank

Checking Savings

Bank ABA or ACH Routing Number
(Set of numbers found in lower left-hand corner of your bank account checks)

Bank Account Number

Name(s) as they appear on your Bank Account

Bank Branch Phone Number

CONSOLIDATE ACCOUNTS INTO A HOUSEHOLD RELATIONSHIP

Your new Fidelity Cash Management Account will be automatically consolidated on the same statement as any existing account(s) with the same registration type and ownership information.

Complete the *Combined Statement Form* found at [Fidelity.com/customerservice](https://www.fidelity.com/customerservice) to make updates; for example, to consolidate a Fidelity Cash Management Account with your individual retirement accounts.

(Continued on next page)

IMPORTANT INFORMATION ABOUT YOUR USE OF ELECTRONIC FUNDS TRANSFER (EFT)**Privacy Statement:**

I understand that Fidelity Brokerage Services LLC (“Fidelity”) will disclose information to third parties about my account or the transfers I make:

- (i) Where it is necessary for completing transfers, or
- (ii) In order to verify the existence and condition of my account for a third party, such as a credit bureau or merchant, or
- (iii) In order to comply with a government agency or court order, or
- (iv) If I give Fidelity my written permission, or
- (v) For other purposes in accordance with Fidelity’s privacy statement.

Notification:

I understand that Fidelity may notify me electronically or by phone when the EFT feature is set up or EFT transactions are initiated on my account.

Redemptions:

I authorize Fidelity to accept and act upon any directions for redemptions of cash or shares held in my Fidelity Cash Management Account for payment to be made to the account at a financial institution I designated in my EFT authorization. I understand and agree that Fidelity will not be liable for any loss, expense, or costs arising out of any telephone, Internet, or other electronic request for redemption, so long as Fidelity transmits the redemption proceeds to the bank account I designate through my EFT authorization.

Fees:

I understand that Fidelity does not charge a fee to use the EFT service, but other financial institutions I use may charge a fee.

Brokerage Account Limitations on Transfers:

The minimum EFT transaction is \$10 for redemptions and deposits; the maximum is \$100,000 for redemptions and deposits. The EFT maximum transfer amount for redemptions and deposits over any seven-day period is \$100,000.

Limitations for EFT Established Electronically:

If I establish EFT electronically, I may be able to transfer funds immediately from my bank account to my Fidelity Cash Management Account. All EFT transactions processed during the first seven (7) business days after I establish EFT will be limited to a maximum transaction amount of \$25,000 per day (for customers with an existing relationship. For new customers, the maximum transaction amount is \$15,000 per day). On the eighth business day following my establishment of the EFT service, the maximum transaction amount will increase to \$100,000 per day for a Fidelity Cash Management Account. Transfers from my Fidelity Cash Management Account to my bank account will not be allowed until the eighth business day.

Brokerage Account Minimum Balances:

There is no minimum account balance to process an EFT transaction; however, my Fidelity Cash Management Account must have adequate funds to cover the redemption of funds.

Business Days:

For purposes of these disclosures, Fidelity’s business days are Monday through Friday. Bank and New York Stock Exchange holidays are not included.

Documentation Periodic Statement:

I will receive a monthly account statement from Fidelity, unless there are no transactions in a particular month. In any case, I will receive a statement quarterly.

Direct Deposits:

If I have arranged to have direct deposits made to my Fidelity Cash Management Account at least once every sixty (60) days from the same person or company, I can call Fidelity at 800.544.5555 to find out whether or not the deposit has been made.

Special Disclosures for Transfers:

My use of the EFT service for transfer of funds electronically other than those for which the primary purpose is the purchase or sale of securities (“Covered Transfers”) is covered under the Electronic Funds Transfer Act, the Federal Reserve Board’s Regulation E, and related laws and regulations. The following disclosures apply to Covered Transfers:

IMPORTANT INFORMATION ABOUT YOUR USE OF ELECTRONIC FUNDS TRANSFER (EFT) (CONTINUED)

- **Unauthorized Transfers:** I will tell Fidelity promptly if I believe my PIN has been lost or stolen or may have been used without my permission. Telephoning Fidelity at the number listed below is the best way of keeping my possible losses down. If I believe my PIN has been lost or stolen, and I tell Fidelity within two (2) business days after I learn of the loss or theft, I can lose not more than \$50 for Covered Transfers if someone used my PIN without my permission. If I do NOT tell Fidelity within two (2) business days after I learn of the loss or theft of my PIN, and Fidelity can prove it could have prevented any unauthorized use if I had told Fidelity, I could lose as much as \$500. Also, if my statement shows Covered Transfers that I did not make, I will tell Fidelity promptly. If I do not tell Fidelity within sixty (60) days after the first statement was mailed to me, I may not get back any money I lost after sixty (60) days if Fidelity can prove that Fidelity could have stopped someone from taking the money if I had told Fidelity in time. In extenuating circumstances, Fidelity may extend such time periods. Additional protection may be available from Fidelity for specific accounts under certain circumstances.
- **Stop Payment Procedures:** If I have told Fidelity in advance to make regular Covered Transfers out of my Fidelity account, I can stop any of these payments by calling or writing to Fidelity using the Contact Information listed below. My notice must be made in time for Fidelity to receive my request at least three (3) business days or more before the payment is scheduled to be made. If I call, Fidelity may, as an additional measure, require me to put my request in writing and get it to Fidelity within fourteen (14) days after I call. Unless otherwise provided, I may not stop payment of electronic funds transfers; therefore, I should not employ electronic access for purchases or services unless I am satisfied that I will not need to stop payment.
- **Failure to Make Covered Transfers:** If Fidelity does not complete a Covered Transfer to or from my Fidelity account on time or in the correct amount according to Fidelity's agreement with me, Fidelity may reimburse me. However, there are some exceptions. Fidelity will not reimburse me, for instance:
 - If, through no fault of Fidelity's, I do not have enough money in my Fidelity account to make the Covered Transfer.
 - If the money in my Fidelity account is subject to legal process or other claim restricting such transfer.
 - If the bank account information I provided to Fidelity when I established the EFT service was incorrect or has subsequently become incorrect.
 - If circumstances beyond Fidelity's control (such as fire or flood) prevent the transaction, despite reasonable precautions taken by Fidelity.
 - If there was a technical malfunction that was known to me at the time I attempted to initiate a Covered Transfer or, in the case of a Covered Preauthorized Transfer, at the time the transfer should have occurred.
 - There may be other exceptions stated in your agreement with me.
- **Error Resolution:** In the case of errors or questions about my Covered Transfers, I will call or write Fidelity promptly, using the contact information listed below. I will call or write Fidelity if I think my statement is wrong or if I need more information about a Covered Transfer on the statement. **Fidelity must hear from me no later than sixty (60) days after Fidelity sent the FIRST statement on which the problem or error appeared.** I will:
 - Tell Fidelity my name and account number.
 - Describe the error or the Covered Transfer that I am unsure about, and explain as clearly as I can why I believe it is an error or why I need more information.
 - Tell Fidelity the dollar amount of the suspected error. If I notify Fidelity orally, Fidelity may require that I send my complaint or question in writing within ten (10) business days. Fidelity will tell me the results of its investigation within ten (10) business days after Fidelity hears from me and will correct any error promptly. If Fidelity needs more time, however, it may take up to forty-five (45) days to investigate my complaint or question. If Fidelity decides to do this, it will credit my account within ten (10) business days for the amount that I think is in error, so that I will have the use of the money during the time it takes Fidelity to complete its investigation. If Fidelity asks me to put my request or question in writing and it does not receive it within ten (10) business days, Fidelity may not credit my account. For new accounts, point of sale, or foreign initiated transactions, Fidelity may take up to ninety (90) days to investigate my complaint or question. For new accounts, Fidelity may take up to 20 days to credit my account for the amount I think is in error. If Fidelity decides that there was no error, Fidelity will send me a written explanation within three (3) business days after Fidelity finishes the investigation. I may ask for copies of the documents that Fidelity used in the investigation.

Contact Information:

Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0002
800.544.6666

6 SIGNATURE(S) FOR YOUR FIDELITY CASH MANAGEMENT ACCOUNT

(ALL TRUSTEES MUST SIGN THE APPLICATION)

Who's Who in This Certification

In this section, "Fidelity" and "you" includes Fidelity Brokerage Services LLC ("FBS"), Fidelity Distributors Corporation, and National Financial Services LLC ("NFS"), as the context may require. "I," "we," and "us" refer to all trustees listed on the account application and, if there are more than two trustees, on an accompanying document signed by each trustee, as the context may require.

Each trustee must READ the separate Fidelity Cash Management Account Customer Agreement and SIGN this section in ink.

On behalf of the Trust, I hereby request Fidelity Brokerage Services LLC and National Financial Services LLC to open a Fidelity Cash Management Account in the Trust name(s) listed on this application.

The Trustees hereby certify the following:

Fidelity has the authority to accept orders and other instructions relative to the Trust account(s) identified herein from those individuals listed in Section 1. The Trustee(s) may execute any documents on behalf of the Trust that you may require. By signing this form, the Trustees hereby certify that you are authorized to follow the instructions of any Trustee to initiate transactions, to add or change any account features, to deliver funds or any other assets in the Fidelity Cash Management Account to any Trustee, or on any Trustee's instructions, including delivering assets to a Trustee personally. Fidelity, in its sole discretion and for its sole protection, may require the written consent of any or all Trustees prior to acting upon the instructions of any Trustee. Applying for a Trust account is also considered to be a statement that all Trustees certify that Fidelity can rely on instructions from any one Trustee to represent the unanimous consent of all Trustees for actions taken on this account.

There are no Trustees of the Trust other than those listed in Section 1 (and on the attachment if there are more than two trustees). If included, the attached pages of the trust document are true copies of the valid legal document currently in effect.

Should only one person execute this application, it shall be a representation that the signer is the sole Trustee. Where applicable, plural references in this certification shall be deemed singular.

We, the Trustees, have the power under the Trust and applicable law to enter into the transactions and issue the instructions that we make in these accounts. Such power may include, without limitation, the authority to initiate transactions, to add or change any account features, to buy, sell (including short sales), exchange, convert, tender, redeem, and withdraw assets (including delivery of securities to and from the account) for and at the risk of the Trust.

We, the Trustees, jointly and severally, indemnify you and hold you harmless from any claim, loss, expense, or other liability for effecting any transactions, and acting upon any instructions given by the Trustees. We, the Trustees, certify that any and all transactions effected and instructions given on this account will be in full compliance with the Trust.

We, the Trustees, agree to inform you in writing of any change in the composition of the Trustees, or any other event that could alter the certifications made above.

We, the Trustees, agree that any information we give to Fidelity on these accounts will be subject to verification, and we authorize you to obtain a credit report about any of us individually at any time. Upon written request, Fidelity will provide the name and address of the credit reporting agency used.

We, the Trustees, acknowledge that we have been furnished with a copy of the Fidelity Cash Management Account Customer Agreement and that we have read, understood, and agree to be bound by its terms and conditions as they are currently in effect and as they may be amended in the future. We are at least 18 years of age and of full legal age in the state in which we reside. We understand that, upon issuer's request in accordance with applicable rules and regulations, Fidelity will supply our names to issuers of any securities held in our account so we might receive any important information regarding them, unless we notify Fidelity.

We, the Trustees, have received and read a complete description of the Fidelity Cash Management Account FDIC-Insured Deposit Sweep Program Disclosure document through which we will make transactions and earn interest income within the Fidelity Cash Management Account on behalf of the Trust.

We, the Trustees, understand that the Customer Agreement, this application, and their enforcement shall be governed by the laws of the Commonwealth of Massachusetts and shall cover individually and collectively all accounts that we may open or reopen with Fidelity. The Fidelity Cash Management Account Customer Agreement and this application shall inure to the benefit of Fidelity's successors and assigns, whether by merger, consolidation, or otherwise.

Fidelity may transfer this account to your successors and assigns, and this Agreement shall be binding upon our heirs, executors, administrators, successors, and assigns.

We, the Trustees, hereby authorize Fidelity, upon receiving instructions from us, to make payments of amounts representing redemptions by us or distributions payable to us by initiating credit or debit entries to the bank account (bank) indicated. We authorize and request the bank to accept such entries from Fidelity, and to credit or debit, as indicated, our account at the

(Continued on next page)

6 SIGNATURE(S) (CONTINUED)

bank in accordance with these entries. We understand that Fidelity will not be liable for any loss, expense, or cost arising out of our instructions, provided that it institutes reasonable procedures to prevent unauthorized transactions.

We acknowledge that this authorization may be revoked only by providing written notice of revocation to Fidelity, in such time and manner as to afford Fidelity and the bank a reasonable opportunity to act upon it.

We certify that this account is not a Pooled or Omnibus Account. A Pooled or Omnibus Account is a single account that pools the holdings of more than one beneficial owner, whose identity is not disclosed to Fidelity, in which the beneficial owners have the ability to effect transactions, and for which subaccounting is performed by the Omnibus Account holder or a third party.

We, the Trustees, further certify that the information and statements made within this account application are correct and true to our knowledge, and agree to inform you in writing if any change in the composition of the beneficiaries would alter the certifications made herein or otherwise cause any person or entity other than a natural person to become a beneficiary. We, the Trustees, jointly and severally, indemnify you and hold you harmless from any claim, loss, expense, or other liability that may arise from your reliance on our statements made within this application.

If I am a U.S. person (including a U.S. resident alien), I certify under penalties of perjury that: (1) I am a U.S. person (including a U.S. resident alien) and the Social Security or Taxpayer Identification number provided is correct (or that I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding for failure to report all dividend and interest income; or (c) I have been notified by the IRS that I am no longer subject to backup withholding. (Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.) If I am not a U.S. person (including a U.S. resident alien), I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim tax treaty benefits.

By not checking the box for Securities Industry Associations or Public Company Associations, I represent and warrant that I am not associated with or employed by, a stock exchange or a broker-dealer or I am not a control person or associate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policy-making officer), or an immediate family or household member of such a person.

I understand that I will be receiving and reviewing separate account agreements for using Fidelity BillPay, and from PNC Bank NA for using the Fidelity Visa Gold Check Card.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

This account is governed by a predispute arbitration clause, which is located on the last page of the Fidelity Cash Management Account Customer Agreement. I acknowledge receipt of the predispute arbitration clause.

XSIGNATURE OF
TRUSTEE I

Date (mm/dd/yyyy)

XSIGNATURE OF
TRUSTEE II

Date (mm/dd/yyyy)

If you are enrolling in Electronic Funds Transfer and have not attached a voided check or deposit slip to this application, then you will need to have your signatures guaranteed. You should be able to obtain a signature guarantee from a bank, broker, broker-dealer, credit union (if authorized under state law), securities exchange or association, clearing agency, or savings association.

A notary public cannot provide a signature guarantee, and a notarization cannot be accepted in lieu of a signature guarantee.

SIGNATURE GUARANTEE

Date

SIGNATURE GUARANTEE

Date

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FOR FIDELITY USE ONLY	<input type="checkbox"/> Cash	<input type="checkbox"/> ATP	Account # Assigned _____
Rep. Name _____	Reg. Rep. Signature _____	Corp. ID _____	Date _____
Approving Manager's Signature _____	Date _____	Investor Center Number _____	
Photo ID Type _____	Expiration Date _____		
ID Number (Govt. issued only) _____	Issuance Date _____	Place of Issuance _____	
Second Photo ID Type _____	Expiration Date _____		
ID Number (Govt. issued only) _____	Issuance Date _____	Place of Issuance _____	

