

ABLE Account—Person with Signature Authority (PSA) Maintenance

Use this form to add, remove, or replace a PSA on an ABLE Account. Do NOT use this form for the Designated Beneficiary or if the Designated Beneficiary has independently established an ABLE Account and is the PSA on such account. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

Helpful to Know

- A PSA refers to a person who establishes and maintains an ABLE Account for a Designated Beneficiary. Per Federal law, the PSA has acting authority on the ABLE Account and may be (i) the Designated Beneficiary, (ii) a person selected by the Designated Beneficiary, or (iii) if the Designated Beneficiary does not have legal capacity or is unable to act, a person who is the Designated Beneficiary's Power of Attorney ("POA"), conservator or legal guardian, spouse, parent, sibling, grandparent, or representative payee appointed for the Designated Beneficiary by the Social Security Administration ("SSA"), in that order ("PSA Hierarchy Order").
- A PSA described in clause (ii) or (iii) above must certify under penalties of perjury the category of person described in the PSA Hierarchy Order that such person fits within, and that he or she is not aware of any other willing or able person available to establish the ABLE Account with a higher priority under the PSA Hierarchy Order.
- Such PSA also must agree that he or she will administer the account on behalf of the Designated Beneficiary and will comply with the terms of the ABLE Plan as set forth in the ABLE Plan Disclosure Document, Participation Agreement, and Customer Agreement.
- Such PSA also must acknowledge that he or she may neither have, nor acquire, any beneficial interest in the ABLE Account.
- The individual authorized to act on an ABLE Account must be at least 18 years old. If a PSA described in clause (iii) in the first paragraph under this section of the form is required on the account, then the current PSA cannot resign without a replacement PSA being designated. If there is no replacement PSA, the current PSA must obtain a court order appointing a new PSA and both the resigning PSA and the new PSA must complete and sign this form. If we are notified that the current PSA can no longer manage the account, for example, due to death or incapacitation, the account will be restricted until a valid PSA is named.
- **A Medallion signature guarantee is required for ALL individuals signing this form.**

Additional Documentation Requirements

- A legal guardian applying to be a PSA must submit a copy of the guardianship court order.
- A POA applying to be a PSA must submit a copy of the attorney-drafted POA documentation. You cannot submit the Fidelity Durable Power of Attorney forms.
- A representative payee must submit a copy of the SSA documentation.
- There are no additional documentation requirements for a spouse, parent, sibling, or grandparent applying to be a PSA.

1. Account Information

Fidelity ABLE Account Number	Current PSA Name <i>If applicable</i>
Designated Beneficiary Name	Social Security or Taxpayer ID Number

Form continues on next page. ►►

2. Add or Remove a PSA

Indicate below whether a new PSA is being added and/or an existing PSA is being removed, and provide all requested information. There may only be one PSA on an ABLE Account at any time. If the current PSA is resigning and being replaced by a new PSA, both individuals must sign this form where indicated.

Add a new PSA to an ABLE Account **that currently does not have a PSA other than the Designated Beneficiary.** The new PSA must provide his or her information in Section 3 and sign in Section 4, and the Designated Beneficiary must sign in Section 5. (Note: The only type of PSA for which the Designated Beneficiary could sign for is a clause (ii) PSA.)

New PSA Name

Name a successor PSA.

Successor PSA Name

Remove the current PSA. Indicate below if a new PSA other than the Designated Beneficiary will replace the current PSA and the reason for resignation.

Check here if there will no longer be a PSA other than the Designated Beneficiary on the account. *The current PSA must provide his or her name below and sign in this Section 2. The Designated Beneficiary will retain all authority on the account and must sign in Section 5.*

Check here to replace the current PSA with a new PSA. *The resigning PSA must provide his or her name in the box below and sign in this Section 2. The new PSA must provide his or her information in Section 3 and sign in Section 4.*

Resigning PSA Name

Reason:

If a PSA is being removed, you must provide a reason.

Death of PSA. *Include a copy of the death certificate.*

Incapacitation of PSA. *Include a letter signed by the attending physician on the physician's letterhead and dated within the past 90 days, which indicates a state of mental incapacitation.*

Court order. *Include a certified copy of the court order.*

Resignation of PSA because the Designated Beneficiary is no longer a minor and is capable of managing the account. *Resigning PSA must sign in the signature box below.*

Resignation of PSA—Other Reason. *Resigning PSA must sign in the signature box below.*

Indicate Reason

Resigning PSA Signature

By signing below, you agree to be removed as the existing PSA from the designated ABLE Plan Account and relieved from any obligations and responsibilities to the Designated Beneficiary in regard to the ABLE Plan Account identified on this form. You acknowledge that the Designated Beneficiary or the new PSA as identified on this form, will retain full authority on the account accordingly.

A Medallion signature guarantee is required.

If the form is completed at a Fidelity Investor Center with all signers present, the Medallion signature guarantee is not required. You can get a Medallion signature guarantee from most banks, credit unions, and other financial institutions. **A notary seal/stamp is NOT a signature guarantee.**

PRINT RESIGNING PSA NAME		▼ MEDALLION SIGNATURE GUARANTEE ▼	
RESIGNING PSA SIGNATURE			
SIGN			
TODAY'S DATE MM/DD/YYYY			
DATE			

Form continues on next page. ►►



3. New PSA Information Required to be completed for the new PSA.

Provide the new PSA's information in this Section 3.

For a Designated Beneficiary who has legal capacity:

Per Federal law, a Designated Beneficiary with legal capacity may select a person to be the PSA on an ABLE Account. Please complete the information in this Section 3. Please see required documentation for a PSA designation in the "PSA Hierarchy Order" category list below.

For a Designated Beneficiary who is unable to act or does not have legal capacity:

Per Federal law, if the Designated Beneficiary does not have legal capacity or is unable to establish his or her ABLE Account, the PSA must be the Designated Beneficiary's POA, conservator or legal guardian, spouse, parent, sibling, grandparent, or representative payee appointed for the Designated Beneficiary by the SSA, in that order ("PSA Hierarchy Order"), as listed below:

Check only one.

- Power of Attorney (POA) for the Designated Beneficiary *You must provide a copy of the POA documentation.*
- Conservator or Legal Guardian of the Designated Beneficiary *You must provide a copy of the conservatorship or guardianship court order.*
- Spouse *No additional documentation is required.*
- Parent *No additional documentation is required.*
- Sibling *No additional documentation is required.*
- Grandparent *No additional documentation is required.*
- Representative Payee for the Designated Beneficiary *You must submit a copy of the SSA documentation.*

Note: In Section 4, you will be required to certify under penalties of perjury as to the basis for establishing the ABLE Account on behalf of the Designated Beneficiary and that there is no other willing or able person to establish the ABLE Account with a higher priority in the PSA Hierarchy Order.

Enter full first and last name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

Mobile phone number and email are required for account security, transactional alerts, and delivery of other communications.

First Name	Middle Name	Last Name
Social Security or Individual Taxpayer ID Number		Required
<input type="checkbox"/> SSN <input type="checkbox"/> ITIN		Date of Birth MM DD YYYY
Mobile Phone	Secondary Phone	
Email		

By signing this account application, you agree to conduct business with Fidelity electronically and to the electronic delivery of all account-related documents and communications. You consent to Fidelity's use of your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. For help with texts, reply HELP. To opt out of texts, reply STOP. You may also update your contact information at any time through your profile on Fidelity.com. Please look for an email to confirm your information and the terms of this consent.

Residential Address (where you live) This is your legal address used for tax reporting.

Street Address			
City	State/Province	ZIP/Postal Code	Country

Mailing Address This may be a PO box, drop box, or c/o location.

Same as residential address  Default if no other information indicated below.

Mailing Address			
City	State/Province	ZIP/Postal Code	Country

New PSA Information continues on next page. 



Citizenship

Indicate your citizenship status.

U.S. citizen Do not complete the fields below. Skip to Income Source.

Choose one.

Foreign citizen Information in this box must be completed.

Country of Citizenship

Permanent U.S. resident Nonpermanent U.S. resident Nonresident of U.S.

Government Identification Number

ID Number	Country of Issuance
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ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY
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Passport Number Permanent Resident Identifier Other Government-Issued ID Number

Unexpired ID must include reference number and photo. Attach copy of ID.

Income Source

Check one and provide information. Industry regulations require us to ask for this information.

Employed: Self-employed:

Occupation	Employer Leave blank if self-employed.
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Employer Address

City State/Province ZIP/Postal Code Country

Retired: Not employed:

Source of Income Pension, investments, spouse, etc.

Check here if you are employed/associated with a Registered Investment Adviser

Check here if you are employed/associated with a Broker-Dealer

Associations

As a person associated with a member firm, you are obligated to receive consent from that firm.

Fidelity has existing consent agreements with many firms for their employees to maintain accounts with Fidelity and to deliver transactional data. If your firm is not one of them, Fidelity will attempt to contact your firm's compliance office.

If you are employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), a municipal securities dealer, or other financial institution, or are the spouse or an immediate family member residing in the same household of someone who meets the aforementioned employment criteria, provide the company's name and address below. Information (including duplicate copies of confirmations and statements for this account, and any accounts you choose to have on a consolidated statement) will be sent to the associated person's employer for purposes of compliance review.

Company Name

Company Address

City

State/Province

ZIP/Postal Code

Country

New PSA Information continues on next page. ►►

Affiliations

If you, your spouse, or any of your relatives (including parents, in-laws, and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, a 10% shareholder, or a policy-making officer of a publicly traded company (an "Affiliate"), you must provide the information below. If there are more than two Affiliates, make a copy of this section.

Affiliate's Company Name	Trading Symbol or CUSIP
Affiliate's Company Name	Trading Symbol or CUSIP

4. New PSA Signature and Date *A Medallion signature guarantee is required.*

Please be sure to read all the language included on the following pages, as well as sign, date, and return all pages of this form (1-7) to Fidelity.

In the section below, "Fidelity," "us," and "we" refer to Fidelity Brokerage Services LLC; National Financial Services LLC; Fidelity Service Company, Inc.; Fidelity Management Trust Company; Fidelity Distributors Company LLC, and their affiliates; and their respective employees, agents, representatives, shareholders, successors, and assigns as the context may require; "MEFA" refers to the Massachusetts Educational Financing Authority and their affiliates and respective employees, agents, representatives, officers, and directors; and "you" refers to the undersigned PSA.

By signing below, you:

- Agree to be bound by the current and future terms of all agreements, including but not limited to the ABLE Plan Disclosure Document, Participation Agreement, and Customer Agreement, and by any applicable disclosures, between the account owner and Fidelity. To view these documents, go to https://www.fidelity.com/bin-public/060/www_fidelity_com/documents/able-account-customer-agreement.pdf.
- Acknowledge that there may only be one PSA on an ABLE Account.
- Acknowledge that per Federal law, a Designated Beneficiary with legal capacity may select a person to be a PSA on an ABLE Account; however, if the Designated Beneficiary does not have legal capacity or is unable to establish his or her ABLE Account, the PSA must be the Designated Beneficiary's Power of Attorney ("POA"), conservator or legal guardian, spouse, parent, sibling, grandparent, or a representative payee appointed for the Designated Beneficiary by the Social Security Administration ("SSA"), in that order ("PSA Hierarchy Order").
- Certify under penalties of perjury that you are in the category of the PSA Hierarchy Order designated in Section 3 above, and that there is no other willing or able person available to establish the ABLE Account with a higher priority under the PSA Hierarchy Order.
- Acknowledge that you do not have, nor may you acquire, any beneficial interest in the ABLE Plan Account.
- Agree that you will administer the account on behalf of the Designated Beneficiary and will comply with the terms of the ABLE Plan.
- Certify that you are a U.S. resident, have a valid SSN, and are at least 18 years old.
- State that you are familiar with and understand the investment objectives of, or are appropriate for, the Designated Beneficiary/Account Owner and will use only trading strategies that are consistent with these objectives and the level of authority indicated.
- Certify that all information you provided is correct to the best of your knowledge.
- Agree to indemnify and hold Fidelity and MEFA harmless from and against any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) that are in any way connected with your instructions hereunder, or with any inaccurate certification or representation hereunder. You further agree that the indemnifications in this paragraph are in addition to, and do not limit, any rights that Fidelity may have under any other agreement with you.
- Acknowledge that Fidelity and MEFA will not be liable for any loss, expenses, or cost arising out of your instructions, provided that Fidelity institutes reasonable procedures to prevent unauthorized transactions.
- Grant Fidelity and MEFA permission to obtain credit information, verify information you have provided, and perform a background check on you.
- Acknowledge that Fidelity or MEFA may refuse to approve you as a PSA, or may remove you as a PSA from this account, at any time and for any reason.
- Agree to act in compliance with all applicable laws and regulations.
- Acknowledge that individuals who provide investment advice to others may be subject to regulation by Federal and state regulators and agree to be responsible for determining whether and what type of registration is required.
- Represent and warrant that if you have not completed the section titled Associations, you are not employed by nor associated with a broker-dealer, stock exchange, exchange member firm, FINRA, a municipal securities dealer, or any other financial institution, nor are you the spouse or immediate family member residing in the same household of such a person.
- Represent and warrant that if you have not completed the section titled Affiliations, none of you, your spouse, nor any of your relatives living in your home are a control person or affiliate of a public company under SEC Rule 144.
- Acknowledge that we may verify all information provided in connection with this form and account, and may obtain credit or other financial responsibility reports with respect to any authorized individuals; and you have the express consent of all individuals who may be the subject of these reports. If requested in writing, Fidelity will provide the name and address of the credit reporting agency used.
- Affirm that in the event the Designated Beneficiary is a minor or does not have the capacity to execute this document, neither the Designated Beneficiary nor a court of competent jurisdiction, has partially or totally revoked, suspended, or terminated the authority delegated to you to act on behalf of the Designated Beneficiary.

New PSA Signature and Date continues on next page. ►►



To help the government fight financial crimes, federal regulation requires Fidelity to obtain and verify your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account. Also, federal regulation requires Fidelity to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. 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.

A Medallion signature guarantee is required.

PRINT NEW PSA NAME		▼ MEDALLION SIGNATURE GUARANTEE ▼	
NEW PSA SIGNATURE			
SIGN			
TODAY'S DATE MM/DD/YYYY			
DATE			

5. Designated Beneficiary Signature and Date

If the Designated Beneficiary is required to sign, a Medallion signature guarantee is required.

Required ONLY if a PSA other than the Designated Beneficiary is being added and there is not a current PSA other than the Designated Beneficiary on the account (and if the Designated Beneficiary is not a minor or lacking in legal capacity), OR to remove a PSA and there will not be a PSA other than the Designated Beneficiary established going forward.

By signing below, you:

- Authorize Fidelity to act on all instructions given on this form.
- Certify that all information you provided is correct to the best of your knowledge.

If adding a PSA:

- Designate the individual identified in this form as your PSA, granting that individual the ability to be the acting authority on your account, and to take action consistent with the level of authority indicated, including the control of the investment selection of, distributions from, and maintenance of your account, and acknowledge and agree that any and all disclosures, required or otherwise, may be provided solely to such individual acting on your behalf.
- Understand that you will not have access to act on the account.
- Acknowledge that per Federal law, a Designated Beneficiary with legal capacity may select another person to be a PSA on an ABLE Account; however, if the Designated Beneficiary does not have legal capacity or is unable to establish his or her ABLE Account, the PSA must be the Designated Beneficiary's Power of Attorney ("POA"), conservator or legal guardian, spouse parent, sibling, grandparent, or a

representative payee appointed for the Designated Beneficiary by the Social Security Administration ("SSA"), in that order ("PSA Hierarchy Order").

- Certify under penalties of perjury as to the basis for establishing the ABLE Account and that you are not aware of any other willing or able person available to establish and act on your behalf on the designated ABLE account with a higher priority in accordance with the PSA Hierarchy Order.
- Acknowledge that, you may have only one PSA on an ABLE Account. A PSA may neither have, nor acquire, any beneficial interest in an ABLE Plan Account and must administer the account for your benefit.
- Acknowledge that we may refuse to approve the PSA or may remove the PSA from this account at any time and for any reason.

If you are removing a PSA:

- Acknowledge that you have read, understand, and will act in accordance with the terms and conditions set forth in the separate ABLE Plan Disclosure Document, Participation Agreement, and Customer Agreement currently in effect and which may change from time to time. To view these

documents, go to https://www.fidelity.com/bin-public/060-www_fidelity_com/documents/able-account-customer-agreement.pdf.

- Certify that you have informed the existing PSA that you are taking such action on the account.
- Certify that you are able to manage the account.
- Agree to indemnify and hold Fidelity and MEFA harmless from and against any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) that are in any way connected with your instructions hereunder, or with any inaccurate certification or representation hereunder. You further agree that the indemnifications in this paragraph are in addition to, and do not limit, any rights that Fidelity or MEFA may have under any other agreement with you.
- Acknowledge that Fidelity and MEFA will not be liable for any loss, expenses, or cost arising out of your instructions, provided that Fidelity institutes reasonable procedures to prevent unauthorized transactions.

Designated Beneficiary Signature and Date continues on next page. ►►

A Medallion signature guarantee is required.

PRINT DESIGNATED BENEFICIARY NAME		MEDALLION SIGNATURE GUARANTEE	
SIGN	DESIGNATED BENEFICIARY SIGNATURE		
			
DATE	TODAY'S DATE MM/DD/YYYY		
			

Did the form get signed by all required signatories and are all necessary documents attached?

Send the ENTIRE form and any attachments to Fidelity Investments. You will receive a "Revised Account Profile."

Questions? Go to Fidelity.com/ABLE or call 844-458-2253.

Regular mail
Fidelity Investments
PO Box 770001
Cincinnati, OH 45277-0002

Overnight mail
Fidelity Investments
100 Crosby Parkway KC1C
Covington, KY 41015

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