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Fidelity INVESTMENTS **Questions?** Call 800-343-3548.

Fidelity® Brokerage Business Account Certification

Use this form to update authorized officers, individuals, or partners on your existing Fidelity Business account. Do NOT use this form to open a new non-managed business account, for an Investment Club Cash Account, or for a Fidelity Mutual Fund Only Business Account. Go to *Fidelity.com/forms* to download the appropriate form. 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

- **Important:** This designation supersedes any previous designation. **ALL new and remaining Authorized Individuals, Managers, or Partners MUST provide his or her information in Sections 2 and 3, and sign in Section 5.**
- Section 4 should be used to identify any entity aside from the business identified in Section 1 (the "Business") that is authorized to transact business in the account. Additional documentation will be required if you complete this section. Please call Fidelity for more information.
- If the Authorized Individuals/Managers/Partners on the account are changing and the account has checkwriting and/or options trading privileges, a new *Checkwriting* form and/or *Options Application* must be completed and returned with this form. Go to *Fidelity.com/forms* to download the appropriate form(s).

Signature and Additional Documentation Requirements

- **For Corporations:**
  - This form must be signed by ALL Authorized Individuals AND a certifying officer, other than those listed in Sections 2 and 3, unless there are no other officers of the corporation aside from those listed.
  - You must imprint a Corporate Seal in the space provided OR include a copy of the filed Articles of Incorporation with this form. A copy of the Articles of Incorporation is required if this is a foreign corporation.
- **For LLCs:**
  - The form must be signed by ALL Managers authorized by agreement to transact business on the behalf of the LLC. If Member-Managed, then all Members must sign.
  - You must provide a state-filed document showing the existence of the LLC. If the document given is not filed with the state or country, a separate proof of filing documentation is required.
- **For Partnerships:**
  - This form must be signed by ALL General Partners authorized by agreement to transact business on behalf of the Partnership. If there are no General Partners, all Partners must sign.
  - You must provide a copy of the pages of the Partnership agreement that provide the official name of the Partnership, the name(s) of the General Partner(s), and all signatures.
- **For Unincorporated Businesses/Sole Proprietorships:**
  - This form must be signed by ALL Authorized Individuals AND a certifying owner or officer, other than those listed in Sections 2 and 3, unless there are no other owners or officers aside from those listed, **and the signature must be notarized.**
  - No additional documentation is required.

1. Business Information

Account Number

Business Name *Enter full entity name as evidenced by the relevant formation document (e.g., partnership agreement, articles of incorporation).*

Taxpayer ID Number *U.S.-Issued ID ONLY*	Primary Phone	State/Country of Organization

Date of Adoption of Resolutions *MM DD YYYY*

Provide the date that the Resolutions in Section 6 of this form were duly adopted by the governing body of the Business.

For corporations only, indicate the type of entity:

☐ Publicly Traded ☐ Privately Held

Business Permanent Address *This is the legal address used for tax reporting.*

Street Address			
City	**State/Province**	**ZIP/Postal Code**	**Country**

Business Information continues on next page. ▶▶

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

☐ Same as permanent address ▷ *Default if no other information indicated below.*

Mailing Address			
City	State/Province	ZIP/Postal Code	Country

2. Authorized Individual/Manager/Partner *Required to be completed for each Authorized Individual/Manager/Partner (new and remaining).*

To list up to seven Authorized Individuals/Managers/Partners on this account, provide the information below for each new and/or remaining Authorized Individual/Manager/Partner. Each individual named is fully authorized to place orders on the account and to execute any instrument incidental to such account (such as applying for margin or options), to act in a sole capacity in these regards, and to act on behalf of the Business as may be more fully described in the Fidelity Account Customer Agreement. If you need to provide information for more than one individual, you can do so in Section 3. In this section, "you" refers to the person whose personal information is being provided.

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

First Name	Middle Name	Last Name

Date of Birth *MM DD YYYY*	Social Security/Individual Taxpayer ID Number*	**U.S.-Issued ID ONLY*

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

Mobile Phone	Secondary Phone

Email

By signing this form, 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

Authorized Individual/Manager/Partner continues on next page. ▶▶

Citizenship

Indicate your citizenship status. ▶

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

☐ Foreign citizen *Information in this box must be completed.*

Country of Citizenship

Choose one. ▶ ☐ Permanent U.S. resident ☐ Nonpermanent U.S. resident ☐ Nonresident of U.S.

Government Identification Number

ID Number	Country of Issuance

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

ID Issuance Date *MM DD YYYY*	ID Expiration Date *MM DD YYYY*

☐ Passport Number ☐ Permanent Resident Identifier ☐ Other Government-Issued ID Number

Income Source *Industry regulations require us to ask for this information.*

Check one and provide information.

☐ Employed ☐ Self-employed

Occupation	Employer *Leave blank if self-employed.*

Employer Address

City	State/Province	ZIP/Postal Code	Country

☐ Retired ☐ Not employed

Source of Income *Pension, investments, spouse, etc.*

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

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

Form continues on next page. ▶▶

3. Additional Authorized Individual/Manager/Partner

Provide the following information for each additional Authorized Individual/Manager/Partner to be added to this account. Each individual named is fully authorized to place orders on the account and to execute any instrument incidental to such account (such as applying for margin or options), to act in a sole capacity in these regards, and to act on behalf of the Business as may be more fully described in the Fidelity Account Customer Agreement. In this Section 3, "you" refers to the person whose personal information is provided. To add up to seven individuals, make a copy of this section. For each individual beyond the seventh, complete an *Account Authority* form.

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

First Name	Middle Name	Last Name

Date of Birth *MM DD YYYY*	Social Security/Individual Taxpayer ID Number*

**U.S.-Issued ID ONLY*

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

Mobile Phone	Secondary Phone

Email

By signing this form, 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**

Citizenship

Indicate your citizenship status.

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

☐ Foreign citizen *Information in this box must be completed.*

Country of Citizenship

Choose one. ☐ Permanent U.S. resident ☐ Nonpermanent U.S. resident ☐ Nonresident of U.S.

Government Identification Number

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

ID Number	Country of Issuance

ID Issuance Date *MM DD YYYY*	ID Expiration Date *MM DD YYYY*

☐ Passport Number ☐ Permanent Resident Identifier ☐ Other Government-Issued ID Number

Additional Authorized Individual/Manager/Partner continues on next page. ▶▶

Income Source *Industry regulations require us to ask for this information.*

Check one and provide information.

☐ Employed ☐ Self-employed

Occupation	Employer *Leave blank if self-employed.*

Employer Address			
City	**State/Province**	**ZIP/Postal Code**	**Country**

☐ Retired ☐ Not employed

Source of Income *Pension, investments, spouse, etc.*

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**

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. Additional Authorized Entity *If applicable.*

Complete this section to identify any additional entity (other than the Business listed in Section 1) that is authorized to transact business on the account. **Important: You are required to complete an additional copy of this form and provide the additional supporting documentation for each additional entity.**

Enter full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, articles of incorporation).

Entity Name	Tax ID Number *U.S.-Issued ID ONLY*	☐ SSN/ITIN OR ☐ Entity ID/TIN
Country of Tax Residence	**State/Country of Organization**	
Trust Date (for trusts only) *MM DD YYYY*	**Entity ID Document**	**State/Country of Issuance**

Entity Permanent Address *This is the legal address used for tax reporting.*

Street Address			
City	**State/Province**	**ZIP/Postal Code**	**Country**

Additional Authorized Entity continues on next page.

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

☐ Same as permanent address ▷ *Default if no other information indicated below.*

Mailing Address			
City	State/Province	ZIP/Postal Code	Country

5. Required Signatures and Dates *Provide everything that is required in the instructions below for your type of business structure.*

Corporations:

- A certifying officer authorized to sign this agreement on behalf of the corporation, other than those listed in Sections 2 and 3, unless there are no other officers of the corporation aside from those listed, must sign below.
- Imprint a Corporate Seal in the space provided OR include a copy of the filed Articles of Incorporation with this form. A copy of the Articles of Incorporation is required if this is a foreign corporation.
- Any Authorized Individual listed on this form who is not already signing as a certifying officer must also sign in this Section 5.

LLCs:

- The form must be signed by ALL Managers authorized by agreement to transact business on the behalf of the LLC. If Member-Managed, then all members must sign.
- Attach a copy of the state-filed document showing the existence of the LLC. If the document given is not filed with the state or country, a separate proof of filing documentation is required.

Partnerships:

- All General Partners authorized by agreement to transact business on behalf of the Partnership must sign below. If there are no General Partners, all Partners must sign.
- Attach a copy of the pages of the partnership agreement that provide the official name of the Partnership, the name(s) of the General Partner(s), and all signatures.

Unincorporated Businesses/Sole Proprietorships:

- A certifying owner or officer, other than those listed in Sections 2 and 3, unless there are no other owners or officers aside from those listed, must sign below in the presence of a notary.
- Any Authorized Individual listed on this form who is not already signing as a certifying owner or officer must also sign in this Section 5.

Authorized Individual/Manager/Partner/Entity Certifications

In this subsection, "you" and "your" refer to the Authorized Individual(s), Manager(s), or Partner(s), as applicable, listed in Sections 2 and 3, and the individual signing on behalf of the Authorized Entity, if any, listed in Section 4:

- Affirm that you are at least 18 years old and of full legal age to enter into the agreements associated with this form in your state of residence.
- Agree to be bound by the current and future terms of all agreements, and by any applicable disclosures, between the account owner(s) and Fidelity.
- 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.
- Certify that all information you provided is true, accurate, and complete to the best of your knowledge.
- Grant Fidelity permission to obtain credit information, verify information you have provided, and perform a background check on you.
- Acknowledge that Fidelity may refuse to approve you as an Authorized Individual/Manager/Partner and/or Authorized Entity, as applicable, or may remove you as such from this or any other account, at any time and for any reason.
- Agree to act in compliance with all applicable laws and regulations.
- Certify and agree that the certifications and authorizations in this document will continue until Fidelity receives actual written notice of any change thereof.
- Indemnify and hold Fidelity harmless from and against any and all losses, claims, costs, actions, demands, suits, proceedings, damages and expenses, including, without limitation, regulatory fines, attorneys' fees and expenses, costs of collection, and any other costs suffered or incurred by Fidelity arising out of or relating to Fidelity effecting any transaction or acting upon any instruction given by you or from your action or inaction, whether intentional or not.
- Agree that Fidelity may verify all information provided in connection with this form and account, and may obtain credit or other financial responsibility reports with respect to the Business and any Authorized Individual/Manager/Partner and/or Authorized Entity, as applicable. Upon written request, Fidelity will provide the name and address of the credit reporting agency used.

Required Signatures and Dates continues on next page. ▶▶

Account Certifications

The Certifying Officer, Manager(s), and Partner(s) hereby certify the following:

All Business Entities:

- The Business is duly organized and existing under the laws of the state or country indicated in Section 1, is operating under the operating document submitted with this form, and has the power to take the actions called for by the resolutions included in Section 6 at the end of this form. In addition, the Business's governing body adopted the resolutions in Section 6 at the end of this form on the date indicated in Section 1, at which a quorum of the governing body was present and acting throughout, and the resolutions are currently in full effect.
- Each Authorized Individual/Manager/Partner named in Sections 2 and 3 has been duly appointed, and that any one of them is fully authorized, acting individually, to execute any and all instruments necessary, proper, and desirable for the purpose, including any and all documentation necessary to establish this account (which may be a margin account) in the name of said Business with Fidelity and to purchase, trade, sell (including short sales in margin accounts), assign, withdraw, transfer, and/or deliver any and all stocks, bonds, options, or any other assets or securities, listed or unlisted, and to establish checkwriting, EFT, and other account-related services in said account(s) as indicated further, that any past action in accordance herewith is hereby ratified and confirmed; and, further, that any officer of this Business is hereby authorized to certify this resolution to Fidelity. This authorization shall continue in force until revoked by the above-named Business by a written notice, addressed and delivered to Fidelity.
- Nothing in this form and the resolutions in Section 6 are contrary to any provision in the Business's organizing documents or bylaws, and you have been authorized to make this certification to Fidelity on behalf of this Business.
- Fidelity may verify all information provided in connection with this certification and account, and may obtain credit or other financial responsibility reports with respect to the Business and any Authorized Individual/Manager/Partner. All individuals who may be the subject of these reports have been notified of this possibility. Upon written request, Fidelity will provide the name and address of the credit reporting agency used.
- If applicable, the attached supporting documents are true and valid copies of the legal document currently in effect.
- Fidelity may conduct account business with any one Authorized Individual/Manager/Partner without notice to, or approval of, any other Authorized Individual/Manager/Partner.
- These certifications will continue until Fidelity receives written notice of any change thereof.

Corporations and Unincorporated Businesses Only:

- You are an officer/owner of the Business and you are authorized to make these certifications on behalf of the Business.
- In the event there are no other officers/owners aside from those listed in Sections 2 and 3, the individual signing in this Section 5 warrants and represents that in signing this Section 5, you are the sole officer of, or the sole individual authorized to act on behalf of, the Business.

LLCs and Partnerships Only:

- The certifications with respect to the authority of each Manager/Partner to place orders on this account are made jointly and severally by all the Managers/Partners signing below, who also acknowledge that Fidelity may conduct account business with any one Manager/Partner without notice to, or approval of, any other Manager/Partner.
- The undersigned authorize Fidelity, in the event of death or retirement of any of the members of the Business, to take such proceedings, require such papers, retain such portion of, or restrict transactions in said account as Fidelity may deem advisable to protect Fidelity against any liability, penalty, or loss under any present or future law or otherwise. It is further agreed that in the event of the death or retirement of any partner of the Business, the remaining partners will immediately cause Fidelity to be notified of such fact.
- This authorization is in addition to, and in no way limits or restricts, any rights that Fidelity may have under any other agreement or agreements between Fidelity and the undersigned, or any agreement now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors, and assigns. This authorization is also a continuing one and shall remain in full force and effect until revoked by a written notice.

LLCs Only:

- The individual or individuals signing below constitute all Managers authorized by agreement to transact business on behalf of the Business. If Member-Managed, the individual or individuals signing below constitute all Members of the Business.

Partnerships Only:

- The individual or individuals signing below constitute all General Partners authorized by agreement to transact business on behalf of the Business. If there are no General Partners, the individual or individuals signing below constitute all Partners of the Business.

To help the government fight financial crimes, federal regulation requires Fidelity to obtain 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.

Please be sure to read all the language included on the following pages, then sign and date on the next page, and return all pages of this form (1–9) to Fidelity. ▶▶

5. Required Signatures and Dates, continued

By signing below, you certify all items that apply to your type of entity and registration are true; that all information provided on this form is true, accurate, and complete; that you make all authorizations indicated; and you affirm that you are authorized to make those representations.

This field is required.

PRINT CERTIFYING OFFICER/MANAGER/PARTNER/AUTHORIZED INDIVIDUAL NAME

CERTIFYING OFFICER/MANAGER/PARTNER/AUTHORIZED INDIVIDUAL TITLE

SIGN **OFFICER/MANAGER/PARTNER/AUTHORIZED INDIVIDUAL SIGNATURE** X

DATE **TODAY'S DATE** *MM/DD/YYYY* X

CORPORATE SEAL

Notary is ONLY required for an Unincorporated Business or Sole Proprietorship.

Notice to CA Residents: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Certificate of Acknowledgement of Notary Public *Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.*

State of _____ , in the County of _____ , subscribed and sworn to before me by the above-named person who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on ____/____/_____ .

PRINT NOTARY NAME

NOTARY SIGNATURE **DATE** *MM/DD/YYYY*

SIGN X X

NOTARY SEAL / STAMP

My commission expires ____/____/_____ .

Important Note: If your state law permits, notaries may attach the appropriate notarizing declaration in lieu of this notarization.

PRINT MANAGER/PARTNER/AUTHORIZED INDIVIDUAL NAME

SIGN **MANAGER/PARTNER/AUTHORIZED INDIVIDUAL SIGNATURE** X

DATE **TODAY'S DATE** *MM/DD/YYYY* X

PRINT MANAGER/PARTNER/AUTHORIZED INDIVIDUAL NAME

SIGN **MANAGER/PARTNER/AUTHORIZED INDIVIDUAL SIGNATURE** X

DATE **TODAY'S DATE** *MM/DD/YYYY* X

PRINT MANAGER/PARTNER/AUTHORIZED INDIVIDUAL NAME

SIGN **MANAGER/PARTNER/AUTHORIZED INDIVIDUAL SIGNATURE** X

DATE **TODAY'S DATE** *MM/DD/YYYY* X

PRINT MANAGER/PARTNER/AUTHORIZED INDIVIDUAL NAME

SIGN **MANAGER/PARTNER/AUTHORIZED INDIVIDUAL SIGNATURE** X

DATE **TODAY'S DATE** *MM/DD/YYYY* X

Form continues on next page.

6. Resolutions

Certified Copy of Certain Resolutions Adopted by the Governing Body of the Business Whereby the Establishment and Maintenance of Trading Accounts Have Been Authorized

RESOLVED:

FIRST: That the individual(s) listed on this form hereby are authorized and empowered, for and on behalf of this Business (herein called the "Business"), to establish, maintain, and act on this account (which may be a margin account), and each of them hereby is authorized and empowered for and on behalf of this Business, with Fidelity Brokerage Services LLC and its affiliates (collectively "Fidelity") for the purpose of purchasing, investing in, or otherwise acquiring, selling (including short sales), possessing, transferring, exchanging, or otherwise disposing of, or turning to account of, or realizing upon, and generally dealing in and with any and all forms of securities including, but not by way of limitation, shares, stocks, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, options, warrants, certificates of deposit, mortgages, evidences of indebtedness, commercial paper, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates, or otherwise.

The fullest authority at all times with respect to any such commitment or with respect to any transaction deemed by any of the said officers and/or agents to be proper in connection therewith is hereby conferred, including authority (without limiting the generality of the foregoing) to give instructions (whether oral, written, electronic, or otherwise) to Fidelity with respect to said transactions; to borrow money and securities and to borrow such money and securities from or through Fidelity, and to secure repayment thereof with the property of the Business; to bind and obligate the Business to and for the carrying out of any contract, arrangement, or transaction that shall be entered into by any such officer and/or agent for and on behalf of the Business with or through Fidelity; to pay by checks and/or drafts drawn upon the funds of the Business such sums as may be necessary in connection with any of the said accounts; to deliver securities and contracts to Fidelity; to deliver securities to and deposit funds with Fidelity; to order the transfer or delivery of securities to any other person whatsoever, and/or to order the transfer of record of any securities, to any name selected by any of the said officers or agents; to affix the corporate seal to any documents or securities to any name selected by any of the said officers or agents; to affix the corporate seal to any documents or agreements, or otherwise; to endorse any securities and/or contracts in order to pass title thereto; to direct the sale or exercise of any rights with respect to any securities; to sign for the Business all releases, powers of attorney, and/or other documents in connection with any such account, and to agree to any terms or conditions to control any such account; to direct Fidelity to surrender any securities to the proper agent or party for the purpose of effecting any exchange or conversion, or for the purpose of deposit with any protective or similar committee, or otherwise; to accept delivery of any securities; to appoint any other person or persons to do any and all things that any of the said officers and/or agents are hereby empowered to do, and generally to do and take all action necessary in connection with the account, or considered desirable by such officer and/or agent with respect thereto.

SECOND: That Fidelity may deal with any and all of the persons directly or indirectly empowered by the foregoing resolution, as though they were dealing with the Business directly.

THIRD: That the officers of the Business be and hereby are authorized, empowered, and if requested by Fidelity, directed to certify:

(a) a true copy of these resolutions;

(b) specimen signatures of each and every person by these resolutions empowered;

(c) a certificate (which, if required by Fidelity, shall be supported by an opinion of the general counsel of the Business, or other counsel satisfactory to Fidelity) that the Business is duly organized and existing, that its operating documents empower it to transact the business by these resolutions defined, and that no limitation has been imposed upon such powers.

FOURTH: That Fidelity may rely upon any certification given in accordance with these resolutions, as continuing fully effective unless and until Fidelity shall receive due written notice of a change in or the rescission of the authority so evidenced and the dispatch or receipt of any other form of notice shall not constitute a waiver of this provision, nor shall the fact that any person hereby empowered ceases to be an officer of the Business or becomes an officer under some other title in any way affect the powers hereby conferred. The failure to supply any specimen signature shall not invalidate any transaction if the transaction is in accordance with authority actually granted.

FIFTH: That in the event of any change in the office or powers of persons hereby empowered, the officers of the Business shall certify such changes to Fidelity in writing in the manner herein above provided, which notification, when received, shall be adequate both to terminate the powers of the persons theretofore authorized, and to empower the persons thereby substituted.

SIXTH: That the foregoing resolutions and the certificates actually furnished to Fidelity by the Business pursuant thereto be and hereby are made irrevocable until written notice of the revocation thereof shall have been received by Fidelity.

SEVENTH: That the Business and its officers indemnify and hold Fidelity harmless from any claim, loss, expense, or other liability for effecting any transactions and acting upon any instructions given by the officers of the Business.

For faster processing, complete, sign, and submit using the digital uploading process:

1. Complete the form, sign, and gather any necessary documents.
2. Scan or take a digital photo of the ENTIRE form and any required documents.
3. Scan the QR code **OR** go to *Fidelity.com/upload-Bus-Cert* to submit your files or photos.

If you are unable to utilize the digital uploading process and require mailing instructions, please visit *Fidelity.com /customer-service/mailing-address.*

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 799293.5.0 (08/25)