

Successor Designation — 529 College Savings Plan

Use this form to designate a Successor and/or Contingent Successor for your 529 College Savings Plan ("529 Plan"). Do NOT use this form for an UGMA/UTMA 529 Plan account or a Trust 529 Plan 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

- Complete a Successor Designation form for each 529 College Savings Plan ("529 Plan") account, if you have more than one.
- In the event of your death, your designated Successor (or Contingent Successor in the event you and your Successor both die) will replace you as the Participant in the 529 Plan.
- Before completing this form, carefully review the Successor Designation Agreement provided to you when you opened the account(s). The agreement governs this form.
- This form will replace all previous Successor and Contingent Successor designations you have made for the account.
- Your Successor and/or Contingent Successor Participant must be 18 years of age or older and a U.S. citizen or resident alien.
- Consult your personal tax and estate planning professional if you have questions about how the Successor Designation Agreement may apply to your specific situation.

1. Account Information

Participant (Owner)/Authorized Individual Name	Account Number
	6
Beneficiary Name	

2. Successor Designation

I hereby designate the person or trust named below as Successor to receive the assets remaining in the account listed in Section 1 upon my death:

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
Trust Name Enter full trust name as evidenced by the trust document.		
Date of Birth or Trust MM DD YYYY	Social Security or Taxpayer ID Number	Relationship to Account Owner

3. Contingent Successor Designation *Optional*

I hereby designate the person or trust named below as Contingent Successor to receive the assets remaining in the account listed in Section 1 upon my death and the death of the Successor Participant listed in Section 2.

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
Trust Name Enter full trust name as evidenced by the trust document.		
Date of Birth or Trust MM DD YYYY	Social Security or Taxpayer ID Number	Relationship to Account Owner

Form continues on next page. ►►



4. Signature

By signing below, you:

- Hereby designate the person(s) and/or trust(s) named above as Successor or Contingent Successor to receive the assets remaining in the account listed in Section 1 upon your death and/or the death of the Successor Participant listed on this form.
- Certify that you have received and read a copy of the Fidelity Brokerage Services LLC College Investing Form Successor Designation Agreement ("Agreement").
- Agree to be bound to the terms and conditions set forth in the Agreement, of which this Form is a part, as it may be amended from time to time.
- Understand that the designations made herein, and any future changes to those designations, will be effective only when accepted by Fidelity Brokerage Services LLC ("Fidelity") in accordance with the terms of the Agreement. When accepted by Fidelity, the designations in this Form will replace any earlier designations you have made.
- Hereby consent to the Agreement and to the Successor and Contingent Successor you have designated on this Form.
- Understand that the Agreement and its enforcement are governed by the laws of the Commonwealth of Massachusetts, except with respect to its conflict-of-law provisions and except as superseded by federal law. The Agreement shall be effective for the benefit of Fidelity's successors and assigns, whether by merger, consolidation, or otherwise. Fidelity may transfer your account to its successors and assigns, and this Agreement shall be binding upon your heirs, executors, administrators, successors, and assigns.

PRINT OWNER NAME	
OWNER SIGNATURE	DATE MM DD YYYY
SIGN X	X

Did you sign the form? Send the ENTIRE form to Fidelity Investments.

Questions? Go to [Fidelity.com/college](https://www.fidelity.com/college) or call 800-544-1914.

Regular mail

Fidelity Investments
Attn: CPSC
PO Box 770001
Cincinnati, OH 45277-0015

Overnight mail

Fidelity Investments
Attn: CPSC
100 Crosby Parkway KC1K
Covington, KY 41015

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 374710.4.0 (06/20)