

Durable Power of Attorney— Affidavit and Indemnification

Important to Know

- This form is used to certify the validity and effectiveness of the Durable Power of Attorney (POA) that granted you the power to act on behalf of the account owner of the Fidelity accounts listed on this form and to indemnify Fidelity.
- Please note: ALL information and signatures must be provided at the time this form is submitted, or we may be unable to process your request. Please review the checklist below to ensure that all requirements are met.

Important Requirements to Note:

- All applicable sections are completed in their entirety.
- A complete copy of the POA documents naming you as the Attorney-in-Fact for the account owner, as well as copies of all pages of any supporting documents, are included with this form. If you do not have a POA document, you may instead complete the Fidelity *Durable Power of Attorney—All States Except New York* form, or, if you are a New York resident, the Fidelity *Durable Power of Attorney—New York* form.
- You cannot be paid for the investment management of the account(s) and you certify that you will not be by signing this form.** To establish a Registered Investment Advisor relationship, please contact Fidelity Institutional Wealth Services at 800-735-3756.
- Your signature has been notarized within 180 days of receipt by Fidelity.
- For trust accounts: The POA document clearly states that the trustee is delegating his or her fiduciary responsibilities.
- For Defined Contribution Retirement Plan accounts: The Plan Administrator has ALSO signed this form.
Note: You can only be listed as an Attorney-in-Fact for a plan participant. Do NOT use this form to add yourself as an Attorney-in-Fact for a Plan Administrator. Instead, contact a Fidelity representative for more information.

Durable Power of Attorney— Affidavit and Indemnification

Use this form to certify the validity and effectiveness of the Durable Power of Attorney (POA) that granted you the power to act on behalf of the account owner of the Fidelity accounts listed on this form and to indemnify Fidelity. Do NOT use this form for any custodial, business, defined benefit, investment-only (also known as non-prototype), or fiduciary accounts, ABLÉ accounts that have a Person with Signature Authority (PSA), or workplace retirement plans, such as a 401(k). Type on screen or print out and 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

- You must also submit a complete copy of the POA documents naming you the Attorney-in-Fact for the account owner, as well as copies of all pages of any supporting documents, along with this form. If you do not have a POA document, you may instead complete the Fidelity Durable Power of Attorney—All States Except New York form, or, if you are a New York resident, the Fidelity Durable Power of Attorney—New York form.
- Each Attorney-in-Fact added to an account must complete and submit a separate form.
- If the existing account(s) have options or checkwriting, new forms must be completed to maintain the features on the account(s). Visit Fidelity.com/forms to obtain the necessary forms.

• **Important to Note:** Once you have been added as Attorney-in-Fact, there will be a 30-day restriction on making withdrawals that total more than \$10,000 from the account, but exceptions can be made in certain situations. Please contact a Fidelity representative for more information.

ABLE Accounts

- ABLÉ accounts that have a PSA cannot add an Attorney-in-Fact. If there is NOT a PSA, the Designated Beneficiary can add an Attorney-in-Fact. Do not use this form to add or change a PSA; instead, go to Fidelity.com/forms to download the ABLÉ Account — PSA Maintenance form.

1. Account Owner

This phone number may be used if we have questions, but will not be used to update the account information.

Name	
Social Security/Individual Taxpayer ID Number	Primary Phone

2. Account(s) Included

Check the box OR list account(s) to indicate account(s) you want the Attorney-in-Fact added to. Eligible personal investing accounts include individual and joint nonretirement accounts; trust accounts; 529 plan accounts (excluding UTMA/UGMA 529); ABLÉ accounts that do not have a PSA established; traditional, Roth, rollover, SEP, SIMPLE, and Inherited IRAs; Defined Contribution Retirement Plan accounts; and Health Savings Accounts (HSAs). In the case of a trust account, by completing this form, you warrant and represent that this appointment is consistent with the terms of the trust instrument.

If you do NOT check this box, we will only list you as Attorney-in-Fact on the eligible accounts listed below.

- ALL eligible current and future personal investing accounts currently maintained at Fidelity that are either (1) owned by the above Account Owner, either individually or jointly, as evidenced by the fact that the Social Security number noted above is associated with the account or (2) a trust account where the above Account Owner serves as a trustee.

In the event of conflicting instructions, we will only add you to the specific accounts listed below.

Note: Additional steps are required to add you to each future account. If you would like to be added to an account opened after the effective date of this form, you (or the Account Owner) must contact Fidelity.

OR

ONLY these accounts: **Do not list account numbers here if you checked the box above.**

List accounts that you want this form to apply to.

Account Number	Account Number	Account Number
Account Number	Account Number	Account Number

Form continues on next page. >>



3. Attorney-in-Fact *Individuals who are being paid for their investment management of the account are not permitted.*

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	
Taxpayer ID Number <i>U.S.-Issued ID ONLY</i>	Date of Birth <i>MM DD YYYY</i>	Relationship to Owner	
Mobile Phone	Email		

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

You consent to Fidelity's use of your email and/or mobile number to message, call, or text you regarding account-related documents and communications. 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*.

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

ID Number	Country of Issuance
ID Issuance Date <i>MM DD YYYY</i>	ID Expiration Date <i>MM DD YYYY</i>

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

Passport Number Permanent Resident Identifier Other Government-Issued ID Number

Attorney-in-Fact 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 <i>Leave blank if self-employed.</i>	
Employer Address			
City	State/Province	ZIP/Postal Code	Country

Retired Not employed

Source of Income <i>Pension, investments, spouse, etc.</i>
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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

Duplicate Materials

If you would like to receive copies of account statements or transaction confirmations, check the appropriate boxes below. All account statements and/or transaction confirmations will be sent electronically.

Check all that apply. Account statements
 Transaction confirmations

Form continues on next page. >>



4. Attorney-in-Fact Signature and Date *Named Attorney-in-Fact must sign and date this section within 180 days of receipt by Fidelity in the presence of a notary public.*

Please be sure to read all the language included on the following page(s), as well as sign, date, and return all pages of this form (1–6) to Fidelity.

By signing below, you:

- Affirm that you have read, and that you understand and agree to be bound by, the provisions of this form as well as (and without limitation) the terms and conditions governing Fidelity's relationship with the account owner as set forth in all applicable customer agreements between the Account Owner and Fidelity (collectively, the "Agreement"), including the Fidelity Brokerage Commission and Fee Schedule, as are currently in effect and as may be amended in the future. You agree to future amendments to these terms.
- Affirm that you are the individual named in the document(s) appointing the Attorney(s)-in-Fact for the account owner named in Section 1 and the accounts listed in Section 2.
- Accept appointment as Attorney-in-Fact for the account owner, according to all terms and conditions described in this form.
- Agree that any information given on this form is subject to verification. You authorize Fidelity Brokerage Services LLC, National Financial Services LLC and their agents, affiliates, assigns, control persons, employees, successor custodians, officers and directors (collectively, "Fidelity") to act on all instructions given on this form, to obtain a credit or other financial responsibility report on yourself and upon written request, to provide the name and address of the credit reporting agency used.
- 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.
- Affirm that the account owner is not deceased, has not partially or totally revoked, suspended, or terminated the authority delegated and that there is no petition pending to determine the incapacity or to appoint a guardian for the account owner.
- Agree not to issue or relay any instructions that you believe to be inconsistent with your powers or responsibilities as Attorney-in-Fact.
- Agree to identify yourself as Attorney-in-Fact when signing documents on behalf of the account owner, using either of these accepted forms: "[account owner name] by [your signature] as Agent," or "[your signature] as Agent for [account owner name]".
- Indemnify and hold Fidelity harmless from and against any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from transactions made in accordance with your instructions. You further agree that the indemnifications in this bullet are in addition to, and do not limit, any rights that Fidelity may have under any other agreement with you.
- Agree that Fidelity may restrict or suspend your ability to remove money from the accounts designated in Section 2.
- Agree to serve as Attorney-in-Fact, and acknowledge that you shall remain Attorney-in-Fact, until Fidelity has received what it considers to be satisfactory written notice of either the account owner's death or your removal or resignation as Attorney-in-Fact. Written notice to the account owner and to any co-agent, successor agent, or the account owner's guardian (if one has been appointed), will ordinarily constitute satisfactory notice of resignation.
- Certify that all information provided in this form is true, accurate, and complete.
- Agree to cease acting as Attorney-in-Fact if you know, or have reason to know, that your capacity to act as Attorney-in-Fact has been limited or terminated for any reason.
- Represent that if there are multiple Attorneys-in-Fact authorized with respect to the accounts listed in Section 2, you are authorized to act severally or individually, and that Fidelity may follow any of your instructions independent of all other Attorneys-in-Fact, including the delivery of assets to you personally.
- Understand that in the event of any conflict between instructions given by Attorneys-in-Fact or by an account owner and an Attorney-in-Fact, Fidelity may restrict the account until it has received joint written instructions that it finds satisfactory.
- Certify that you will not be paid for the investment management related to the account(s). If you are looking to establish a Registered Investment Advisor relationship, please contact Fidelity Institutional Wealth Services.

For Defined Contribution Retirement Plan Accounts, if the current Plan Administrator is being added as the Attorney-in-Fact:

- State that you are also the Plan Administrator or Employer responsible for the Plan for which authority is being requested on this form.
- Consent to your appointment as the Attorney-in-Fact identified in this form, understanding that:
 - As the Attorney-in-Fact, you will be granted only the powers described in this form, and will be authorized only to place orders that are permitted by the Plan.
 - As the Attorney-in-Fact, you are not authorized to establish a new Plan.
 - Fidelity Management Trust Company acts only as custodian or trustee for this Plan, and has no discretionary fiduciary authority or responsibility; the account owner, therefore, is solely responsible for determining the suitability of, and for accepting all consequences of all investments and actions taken on the account(s).

Attorney-in-Fact Signature and Date continues on next page. ►►



This durable POA shall be governed by Massachusetts law, except with respect to its conflict of laws provisions.

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.

You acknowledge that this account and form are governed by a predispute arbitration clause, which appears on the last page of the Agreement, and that you have read the predispute arbitration clause.

PRINT ATTORNEY-IN-FACT NAME	
ATTORNEY-IN-FACT SIGNATURE	DATE MM/DD/YYYY
SIGN X	

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 Attorney-in-Fact 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 SEAL / STAMP
NOTARY SIGNATURE	DATE MM/DD/YYYY	
SIGN X		

My commission expires ___/___/____.

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

Form continues on next page. ►►





5. Plan Administrator/Employer Signature and Date

Required ONLY for Defined Contribution Retirement Plan accounts. In this Section 5, "you" refers to the Plan Administrator or Employer signing below.

By signing below, you:

- State that you are the Plan Administrator or Employer responsible for the Plan for which authority is being requested on this form.
- Consent to the appointment of the Attorney-in-Fact identified in this form, understanding that:
 - The Attorney-in-Fact will be granted only the powers described in this form, and will be authorized only to place orders that are permitted by the Plan.
 - The Attorney-in-Fact is not authorized to establish a new Plan.
 - Fidelity Management Trust Company acts only as custodian or trustee for this Plan, and has no discretionary fiduciary authority or responsibility; the account owner, therefore, is solely responsible for determining the suitability of, and for accepting all consequences of, all investments and actions taken on the account(s).

PRINT ADMINISTRATOR/EMPLOYER NAME	
ADMINISTRATOR/EMPLOYER SIGNATURE	DATE MM/DD/YYYY
<div style="display: flex; align-items: center;"> <div style="background-color: #ccc; padding: 2px; font-weight: bold; writing-mode: vertical-rl; transform: rotate(180deg);">SIGN</div> <div style="margin-left: 10px; font-size: 2em; color: #e67e22;">X</div> </div>	

<p>Did you sign the form and attach any necessary documents? Send the ENTIRE form and any attachments to Fidelity Investments.</p> <p>Questions? Go to Fidelity.com/poa or call 800-343-3548.</p>	<p>Regular mail Fidelity Investments PO Box 770001 Cincinnati, OH 45277-0002</p>	<p>Overnight mail Fidelity Investments 100 Crosby Parkway KC1K Covington, KY 41015</p>
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On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 595923.11.0 (05/24)

