

FIDELITY INVESTMENT-ONLY NON-PROTOTYPE RETIREMENT ACCOUNT CONVERSION APPLICATION

Use this application to modify your Fidelity Investment-Only Non-Prototype Retirement Account from a pooled single plan account to separate accounts for the benefit of the individual participants. **All fields in bold are required.**

Note: This conversion application may also be used to convert Fidelity pooled trust accounts holding retirement plan assets to separate Investment-Only Non-Prototype Retirement Accounts for the benefit of individual participants.

Complete all relevant sections, sign in ink, and return to Fidelity in the postage-paid envelope or mail to Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0036. If you have any questions, call us at 1-800-544-4774.

Upon completion of this conversion request, Fidelity will send a confirmation to the first trustee listed in Section 1 for each new participant account established.

1 ACCOUNT SETUP

List all Plan Trustee(s) in this section. The trustee information provided on this application will supersede previously provided trustee information for your Fidelity Investment-Only Non-Prototype Retirement Account.

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 ACCOUNT FEATURES

Your account has a wide range of features to help you manage your plan. More information on each of these services is included in this section. **Features from your pooled account will not carry forward automatically to the individual FBO accounts.**

4 PARTICIPANT INFORMATION

If there are more than ten participants, provide the additional participant information requested on a separate sheet of paper.

5 PARTICIPANT ALLOCATIONS

For each security in your pooled account, indicate the number of shares that should be allocated to each participant. The total of all the participant allocations in each security must equal the total shares of the security in the pooled account. Please log in to Fidelity.com to obtain your latest account balance information.

6 SIGNATURE

Please be sure to sign your application in ink. **We cannot process your conversion without your signature.**

QUESTIONS?

For more information, contact a

Retirement Representative at
800-544-4774, 8 a.m. to 8 p.m. ET



1 ACCOUNT SETUP (CONTINUED)

Income Source

Check one and provide information. Industry regulations require us to ask for this 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. By providing this information and completing this form, you hereby authorize Fidelity to provide the associated person's employer with duplicate copies of confirmations and statements, or the transactions data contained therein, for your account(s) and any accounts you choose to have on a consolidated statement for purposes of their 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

1 ACCOUNT SETUP (CONTINUED)

PLAN TRUSTEE 2

Full legal name _____
First Name Middle Name Last Name

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

Social Security number - - **or Taxpayer ID number** -

Plan's Permanent address _____
(no P.O. boxes) Street City State ZIP Code

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

Phone numbers Primary - - Secondary - -

Citizenship

Indicate your citizenship status. U.S. citizen

Check one and attach a copy of a valid and unexpired government ID showing number and photo.

<input type="checkbox"/> Foreign citizen <i>Information in this box must be completed.</i>	
<input type="checkbox"/> Permanent U.S. resident	<input type="checkbox"/> Nonpermanent U.S. resident
<input type="checkbox"/> Nonresident of U.S.	
Country of Citizenship	Country of Tax Residency <i>Only applicable to nonresidents of the U.S.</i>
City, State/Province, and Country of Birth	
<input type="checkbox"/> Passport	<input type="checkbox"/> Employment Authorization Document
<input type="checkbox"/> DHS Permanent Resident Card	<input type="checkbox"/> Foreign National Identity Document

Income Source

Check one and provide information. Industry regulations require us to ask for this 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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1 ACCOUNT SETUP (CONTINUED)

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. By providing this information and completing this form, you hereby authorize Fidelity to provide the associated person's employer with duplicate copies of confirmations and statements, or the transactions data contained therein, for your account(s) and any accounts you choose to have on a consolidated statement for purposes of their 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

PLAN TRUSTEE 3

Full legal name

First Name Middle Name Last Name

Date of birth (mm/dd/yyyy) Email address

Social Security number or Taxpayer ID number

Plan's Permanent address

(no P.O. boxes) Street City State ZIP Code

Mailing address

(if different from above) Street City State ZIP Code

Phone numbers Primary Secondary

Citizenship

Indicate your citizenship status.

U.S. citizen

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

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

Country of Citizenship	Country of Tax Residency <i>Only applicable to nonresidents of the U.S.</i>
City, State/Province, and Country of Birth	

Passport Employment Authorization Document

DHS Permanent Resident Card Foreign National Identity Document

Check one and attach a copy of a valid and unexpired government ID showing number and photo.

1 ACCOUNT SETUP (CONTINUED)

Income Source

Check one and provide information. Industry regulations require us to ask for this 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. By providing this information and completing this form, you hereby authorize Fidelity to provide the associated person's employer with duplicate copies of confirmations and statements, or the transactions data contained therein, for your account(s) and any accounts you choose to have on a consolidated statement for purposes of their 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

2 FINANCIAL PROFILE (REQUIRED)

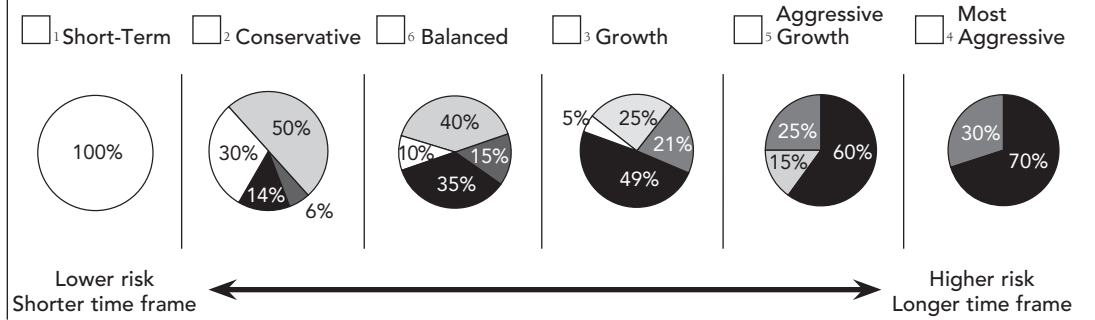
YOUR INVESTMENT OBJECTIVE

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 performance), you can choose an approach that's best for you.

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 10%
<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 12%
<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 22%
<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 24%
	<input type="checkbox"/> 4 Over \$500,000	<input type="checkbox"/> 4 Over \$500,000	<input type="checkbox"/> 5 32%
			<input type="checkbox"/> 6 35%
			<input type="checkbox"/> 7 37%

3 ACCOUNT FEATURES

You may select additional features for each account established for the benefit of your plan participants. Note: Features from your pooled account will not carry forward automatically to the individual FBO accounts.

You can obtain copies of the forms indicated below by visiting Fidelity.com or by checking the box(es) requesting that we mail you the form(s).

DUPLICATE STATEMENTS AND CONFIRMS

Activity in each account will be reported on a statement and automatically sent to the first Trustee at the plan address. If you, the Trustee, would like to name an interested party to receive duplicate statements for this account, provide the information in Section 4.

Please mail a copy of the Fidelity Duplicate Statement Request Form to the plan mailing address indicated in Section 1.

CHECKWRITING¹

This service allows you to write checks on the cash in the core account. To add this feature, you must complete a Fidelity Checkwriting Form for each trustee for whom you would like checkwriting to be available.

Please mail a copy of the Fidelity Checkwriting Form to the plan mailing address indicated in Section 1.

LIMITED TRADING AUTHORITY

This feature gives the plan participant or other third party the right to inquire, trade, buy, sell, exchange (but not cash withdrawals) within the account without the involvement of the Trustee. Note: If you do authorize plan participants to make exchanges, you will not be able to limit the investment choices which your employees can access. To add this feature, you must complete an Account Authority form for each participant.

Please mail a copy of the Account Authority form to the plan mailing address indicated in Section 1.

¹ All checks written will be reported on your account statement. Fidelity must have the signature card on file to establish this service.

4 PARTICIPANT INFORMATION

List each underlying participant in your plan. A separate account will be set up for the benefit of each participant listed below. You may also elect to have duplicate statements sent to each participant. To add this feature, check the box under each participant's name and provide the participant's address. If there are more than ten participants, provide the additional participant information requested below on a separate sheet of paper, or you may photocopy Section 4. Please number additional participants 11 thru 20, 21 thru 30, etc. and send in the additional pages with this application.

Participant Name (First, MI, Last)	Social Security Number or TIN
1. _____	□ □ □ □ □ □ □ □ □ □
<input type="checkbox"/> Check this box and complete the mailing address section below if you would like this participant to receive duplicate statements for this FBO account.	
Mailing Address _____	
Street	City State ZIP Code
Fidelity Use Only	

Participant Name (First, MI, Last)	Social Security Number or TIN
2. _____	□ □ □ □ □ □ □ □ □ □
<input type="checkbox"/> Check this box and complete the mailing address section below if you would like this participant to receive duplicate statements for this FBO account.	
Mailing Address _____	
Street	City State ZIP Code
Fidelity Use Only	

Participant Name (First, MI, Last)	Social Security Number or TIN
3. _____	□ □ □ □ □ □ □ □ □ □
<input type="checkbox"/> Check this box and complete the mailing address section below if you would like this participant to receive duplicate statements for this FBO account.	
Mailing Address _____	
Street	City State ZIP Code
Fidelity Use Only	

Participant Name (First, MI, Last)	Social Security Number or TIN
4. _____	□ □ □ □ □ □ □ □ □ □
<input type="checkbox"/> Check this box and complete the mailing address section below if you would like this participant to receive duplicate statements for this FBO account.	
Mailing Address _____	
Street	City State ZIP Code
Fidelity Use Only	

Participant Name (First, MI, Last)	Social Security Number or TIN
5. _____	□ □ □ □ □ □ □ □ □ □
<input type="checkbox"/> Check this box and complete the mailing address section below if you would like this participant to receive duplicate statements for this FBO account.	
Mailing Address _____	
Street	City State ZIP Code
Fidelity Use Only	

Participant Name (First, MI, Last)	Social Security Number or TIN
6. _____	□ □ □ □ □ □ □ □ □ □
<input type="checkbox"/> Check this box and complete the mailing address section below if you would like this participant to receive duplicate statements for this FBO account.	
Mailing Address _____	
Street	City State ZIP Code
Fidelity Use Only	

4 PARTICIPANT INFORMATION (CONTINUED)

Participant Name (First, MI, Last) _____	Social Security Number or TIN [][][][][][][][][][]
7. _____	
<input type="checkbox"/> Check this box and complete the mailing address section below if you would like this participant to receive duplicate statements for this FBO account.	
Mailing Address _____ <small>Street City State ZIP Code</small>	
Fidelity Use Only	

Participant Name (First, MI, Last) _____	Social Security Number or TIN [][][][][][][][][][]
8. _____	
<input type="checkbox"/> Check this box and complete the mailing address section below if you would like this participant to receive duplicate statements for this FBO account.	
Mailing Address _____ <small>Street City State ZIP Code</small>	
Fidelity Use Only	

Participant Name (First, MI, Last) _____	Social Security Number or TIN [][][][][][][][][][]
9. _____	
<input type="checkbox"/> Check this box and complete the mailing address section below if you would like this participant to receive duplicate statements for this FBO account.	
Mailing Address _____ <small>Street City State ZIP Code</small>	
Fidelity Use Only	

Participant Name (First, MI, Last) _____	Social Security Number or TIN [][][][][][][][][][]
10. _____	
<input type="checkbox"/> Check this box and complete the mailing address section below if you would like this participant to receive duplicate statements for this FBO account.	
Mailing Address _____ <small>Street City State ZIP Code</small>	
Fidelity Use Only	

5 PARTICIPANT ALLOCATIONS (CONTINUED)

E SECURITY NAME:	
Participant 1	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 2	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 3	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 4	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 5	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 6	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 7	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 8	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 9	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 10	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Total—This total must match the total number of shares for this position in your master account	
<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	

F SECURITY NAME:	
Participant 1	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 2	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
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Participant 8	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 9	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 10	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Total—This total must match the total number of shares for this position in your master account	
<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	

G SECURITY NAME:	
Participant 1	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 2	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
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Total—This total must match the total number of shares for this position in your master account	
<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	

H SECURITY NAME:	
Participant 1	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 2	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 3	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Participant 4	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
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Participant 6	Shares <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
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Total—This total must match the total number of shares for this position in your master account	
<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	

6 SIGNATURE (ALL TRUSTEES MUST SIGN THE APPLICATION)

As Trustee(s), I hereby request Fidelity Brokerage Services LLC and National Financial Services LLC (collectively "Fidelity" or "you") to open Fidelity Investment-Only Non-Prototype Retirement Accounts in the name of the Plan listed as account owner on this application for the benefit of each participant listed in Section 4 of this conversion application (the "Accounts"). This certification will also apply to any future Fidelity Investment-Only Non-Prototype Retirement Accounts established for the benefit of participants of this plan. The Trustee(s) of such Plan hereby certify the following:

- Fidelity has the authority to accept orders and other instructions relative to the Trust accounts identified herein from those individuals or entities listed in Section 1. They may execute any documents on behalf of the Trust which you may require. By signing this application, the Trustee(s) hereby certifies(y) that you are authorized to follow the instructions of any Trustee and to deliver funds, securities, or any other assets in the brokerage accounts 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.
- There are no other Trustee(s) of the Trust other than those listed in Section 1 or identified on a separate piece of paper attached to this conversion application. The attached pages of the Trust document are true copies of the valid legal plan document currently in effect.
- Should only one person execute this agreement, 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, assume all fiduciary responsibility as Trustees of the plan assets as well as administrative responsibility for all applicable recordkeeping, tax reporting, and tax withholding requirements.
- We, the Trustees, have obtained, and will maintain, a plan and trust agreement qualified under Section 401(a) of the Internal Revenue Code, which we assume responsibility for maintaining.
- 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 buy, sell (including short sales), exchange, convert, tender, redeem and withdraw assets (including delivery of securities) to and from the Accounts or otherwise (including the sale or purchase of option contracts) for and at the risk of the Trust. We understand that all orders and transactions will be governed by the terms and conditions of all other account agreements applicable to these Accounts.
- We, the Trustees, jointly and severally, indemnify you and hold you harmless from any claim, loss, expense, or other liability for effecting any transactions (including distributions) 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 Plan and Trust as well as the Employee Retirement Income Security Act of 1974, as amended, and the Internal Revenue Code.
- We acknowledge that we have received the description of the Core Account in the Customer Agreement, including Fidelity's right to change the options available as core positions, and consent to having free credit balances held or invested in the Core Account.
- We certify that all information provided in this application is true, accurate, and complete.
- **We have received and read either the Prospectus or the Profile Prospectus for Fidelity Government Money Market Fund. If we received the profile prospectus, we understand that we may purchase shares of Fidelity Government Money Market Fund now or request to receive and review the fund's full prospectus before we make a decision to invest in Fidelity Government Money Market Fund. If we choose to invest now, we understand that Fidelity Government Money Market Fund will serve as the money market fund used to hold assets of our Fidelity Investment-Only Non-Prototype Retirement Account pending other investment instructions. We understand that we could lose money by investing in a money market fund. Although the fund seeks to preserve the value of our investment at \$1.00 per share, it cannot guarantee it will do so. An investment in the fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Fidelity Investments and its affiliates, the fund's sponsor, have no legal obligation to provide financial support to money market funds, and we should not expect that the sponsor will provide financial support to the fund at any time.**
- We understand that Fidelity's government and U.S. Treasury money market funds will not impose a fee upon the sale of our shares, nor temporarily suspend our ability to sell shares if the fund's weekly liquid assets fall below 30% of its total assets because of market conditions or other factors.
- We, the Trustees, represent and warrant that if we have not completed the section titled Associations, we 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 the spouse or immediate family members residing in the same household of such a person.
- We, the Trustees, represent and warrant that if we have not completed the section titled Affiliations, none of us, our spouses, nor any of our relatives living in our homes are a control person or affiliate of a public company under SEC Rule 144.
- We, the Trustees, agree to inform you in writing of any change in the composition of the Trustees, or any other event which 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 or all of the Trustees at any time. Upon written request, Fidelity will provide the name and address of the credit reporting agency used.
- We acknowledge that we have read, understand, and agree to the terms and conditions set forth in the Fidelity Investment-Only Non-Prototype Retirement Account Customer Agreement referred to herein as "Customer Agreement" as is currently in effect and as may be amended from time to time. It shall inure to the benefit of Fidelity's successors and assigns, whether by merger, consolidation, or otherwise.
- We certify that all Trustees are at least 18 years of age and of full legal age in the state in which they reside. We understand that you will supply our names to issuers of any securities held in the account so we might receive any important information regarding them, unless we notify you not to do so. We understand that it is our responsibility to read the prospectus for any mutual fund into which we purchase or exchange.
- **We understand that this Conversion Application and its enforcement shall be governed by the laws of the Commonwealth of Massachusetts, except as superseded by federal law or statute.**
- We certify under penalties of perjury that the Social Security number(s) or Taxpayer Identification Number(s) provided above are correct.

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SIGNATURE (ALL TRUSTEES MUST SIGN THE APPLICATION) (CONTINUED)

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.

The following clause referring to lending of securities applies only to those accounts eligible and approved for margin. We hereby authorize Fidelity to lend, hypothecate, or re-hypothecate, separately, or with the property of others, either to yourselves or to others, any property you may be carrying for us on margin to the extent not otherwise prohibited by law or regulations. This authorization applies to all our accounts you carry and shall remain in force until you receive written notice of revocation at your main office in Boston, MA.

This account is governed by a predispute arbitration clause, which is located on the last page of the Customer Agreement. We acknowledge receipt of the predispute arbitration clause.

X

SIGNATURE OF PLAN TRUSTEE 1 Date (mm/dd/yyyy)

X

SIGNATURE OF PLAN TRUSTEE 2 Date (mm/dd/yyyy)

X

SIGNATURE OF PLAN TRUSTEE 3 Date (mm/dd/yyyy)

Note: All trustees must sign the Conversion Application. If you have more than three trustees, provide the additional trustee signatures on a separate sheet of paper. The trustee information provided on this application will supersede previously provided trustee information for your Investment-Only Non-Prototype Retirement Account.

Fidelity Investments is a registered service mark owned by FMR LLC. Accounts are carried with our affiliate, National Financial Services LLC, Member NYSE, SIPC. Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0036.



Trusted Contact Authorization Form

Use this form to designate a primary and alternate trusted contact, that is 18 years or older, for your Fidelity account(s). Do NOT use this form for charitable giving accounts or workplace retirement plans, such as a 401(k). 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

- To prepare yourself and your trusted contact(s) for success, consider choosing someone with whom you are comfortable discussing your health, relationships, loved ones, work, and finances. You may also want to consider selecting someone who isn't currently involved in your financial life, like a beneficiary or power of attorney, to ensure fairness and objectivity.
- This form supersedes any previous trusted contact designations that you may have submitted.
- If you are using this form for an Entity relationship (for ex: a business account), we will assign the Trusted Contact(s) to the Authorized Individual that signs this form.
- If Fidelity has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or neglect, this form authorizes us to get in touch with the trusted contact(s) and:
 - Provide the trusted contact(s) listed below with information about you and/or your account(s), including notice of a temporary hold, but does not provide him or her with the ability to transact on your account(s).
 - Inquire about your current contact information or health status.
 - Inquire about whether another person or entity has legal authority to act on your behalf (e.g., legal guardian or conservator, executor, or trustee).

1. Account Owner

First Name	Middle Name	Last Name
Social Security or Taxpayer ID Number		

2. Accounts Included

- Check only one.
- ALL eligible accounts associated with the above Social Security or Taxpayer ID Number > Skip to Section 3.
 - ONLY the account(s) listed below:

Fidelity Account Number	Fidelity Account Number	Fidelity Account Number
Fidelity Account Number	Fidelity Account Number	Fidelity Account Number

3. Primary Trusted Contact *Name, email, phone, and address are all required.*

The trusted contact **MUST** be someone other than the individual listed in Section 1. Do not provide the account owner's information here.

First Name	Middle Name	Last Name
Email		Relationship to Owner (Spouse, Child, Parent, Sibling, Friend, Other)
Primary Phone	<input type="checkbox"/> Mobile Number	Secondary Phone
		<input type="checkbox"/> Mobile Number

Legal/Permanent Address

This cannot be a PO box, mail drop, or c/o.

Street Address			
City	State/Province	ZIP/Postal Code	Country

Form continues on next page. >>



4. Alternate Trusted Contact *Name, email, phone, and address are all required.*

The trusted contact **MUST** be someone other than the individuals listed in Sections 1 and 3. Do not provide the account owner's information here.

First Name	Middle Name	Last Name	
Email		Relationship to Owner (Spouse, Child, Parent, Sibling, Friend, Other)	
Primary Phone	<input type="checkbox"/> Mobile Number	Secondary Phone	<input type="checkbox"/> Mobile Number

Legal/Permanent Address

This cannot be a PO box, mail drop, or c/o.

Street Address			
City	State/Province	ZIP/Postal Code	Country

5. Signature and Date *Form cannot be processed without your signature and date.*

By signing below, you:

- Authorize Fidelity to communicate with your trusted contact(s) and disclose information about designated accounts to address possible financial exploitation or confirm specifics about your current contact information, your health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted.
- Understand that this does not authorize your trusted contact(s) to separately access or transact on your account(s).
- Understand that you may identify multiple trusted contacts on this form, provided they are 18 years or older.
- Understand that this trusted contact designation is optional and you may withdraw it at any time by notifying Fidelity in writing to one of the business addresses listed below.
- Understand that you may change your trusted contact(s) at any time by completing a new form.
- Certify that all information provided in this form is true, accurate, and complete.
- Acknowledge that we may remove any trusted contact from any account, at any time or for any reason.

PRINT OWNER/AUTHORIZED INDIVIDUAL NAME	
OWNER/AUTHORIZED INDIVIDUAL SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

<p>Did you sign the form? Send the ENTIRE form to Fidelity.</p> <p>Questions? Go to Fidelity.com/trustedcontact 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. 802990.3.0 (06/20)

