



# New Fidelity Account® — Retirement Plan Account

Complete this application to establish a Fidelity Retirement Plan account. This includes:

- Fidelity Self-employed 401(k) Plan Account
- Fidelity Profit Sharing Plan Account
- Fidelity Money Purchase Plan Account

Please fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

### Important to Understand

By signing this application, you acknowledge that:

- Fidelity Brokerage Services LLC ("FBS") will perform brokerage and administrative services.
- National Financial Services LLC ("NFS") will maintain the assets in a brokerage account and provide administrative services.
- Fidelity Management Trust Company ("FMTC") will act as Plan Trustee.
- FBS, NFS, and FMTC are together referred to herein as "Fidelity."
- Fidelity® Government Cash Reserves will serve as the core position ("Core Position") for your account.
- A Fidelity Self-employed 401(k) Plan, Money Purchase Plan, and Profit Sharing Plan are hereby referred to collectively as a Fidelity Retirement Plan.
- Important documents related to your account include the Fidelity Brokerage Retirement Customer Agreement (the "Customer Agreement"), the underlying Fidelity Retirement Plan document and Adoption Agreement, as well as other relevant information delivered from time to time.

### Helpful to Know

Regarding this account:

- There are three parties associated with a Fidelity® Retirement Plan—the employer, the plan administrator, and the plan participant. In many cases, the business owner may represent all three parties. Please complete this application accordingly.
- **To establish a new Fidelity Self-employed 401(k) Plan ("SE 401(k) Plan"), to establish a new Profit Sharing Plan or Fidelity Money Purchase Plan, or to amend any existing Fidelity Retirement Plan, please complete the appropriate adoption agreement enclosed with this application.**
- To modify the Plan Administrator on file for an existing plan, please complete the *Fidelity Retirement Plan Information Form*, found on Fidelity.com.
- For additional information or for help filling out this application, please call a Fidelity retirement professional at 800-544-5373.

## 1. Retirement Plan Information *To be completed by employer.*

### Type of Plan

#### New Account—New Plan

- Choose one ►
- Establish a new SE 401(k) Plan account
  - Establish a new Profit Sharing Plan account
  - Establish a new Money Purchase Plan account

#### Add an Account to an Existing Plan

- Establish an account for an additional participant in an existing Money Purchase Plan or Profit Sharing Plan
- Add spouse or an additional owner to an existing SE 401(k) Plan

#### Amend an Existing Plan

- Amend an existing Profit Sharing Plan account to an SE 401(k) Plan account

Existing Account Number

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### Employer's Plan Information

Employer Name	
Plan Name e.g., ABC Company 401(k) Plan	
Employer Taxpayer ID Number	Existing Plan Tax ID Number

Retirement Plan Information continues on next page. ►►



**Plan Administrator Information** This may be the Employer or a person designated by the Employer.

To amend existing plan information already on file, submit a **Fidelity Retirement Plan Information** form, found on Fidelity.com.

Plan Administrator		
Plan Administrator Address		
City	State	ZIP Code

**Employer's Signature**

By signing below, you acknowledge that the information provided above is true and correct. You understand that a completed applicable Fidelity Adoption Agreement must be submitted with this application if a new Fidelity Retirement Plan is being established or an existing Profit Sharing Plan is being amended to a Self-employed 401(k) Plan.

PRINT NAME	
EMPLOYER'S SIGNATURE	
SIGN	X
	TODAY'S DATE MM DD YYYY
DATE	

**2. Participant Account Information** To be completed by the participant.

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

First Name	Middle Name	Last Name
Social Security Number		Email
Date of Birth MM DD YYYY	Daytime Phone	Extension

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

Street Address		
City	State	ZIP Code

**Mailing Address** May be a P.O. box, drop box, or c/o location

Same as legal/residential address **▷ Default if no other information indicated below.**

Mailing Address		
City	State	ZIP Code

Participant Account Information continues on next page. ►►





### 3. Initial Funding *This is a one-time contribution.*

Please indicate the method of funding to be used for your account (check all that apply).

**Check Deposit** Complete this section to make a one-time annual contribution.

- By check payable to **National Financial Services LLC**. Checks for deposit should be mailed to the address at the end of this application. *Fidelity cannot accept third-party checks.*

#### Employer contribution to PS, MP, or SE 401(k) Plan accounts

Amount
\$

#### Employee contribution to SE 401(k) Plan account only

- Current Year  Prior Year

Amount
\$

Amount
\$

### Transfer Existing Mutual Fund Only Account Assets to Your New Retirement Plan Account

Complete the section below to transfer the assets you wish to use as a source for funding.

- Transfer all assets from identically registered Mutual Fund Only account. *Must have the same plan name, same plan administrator, and the same participant.*

Your Fidelity Mutual Fund Only Account Number

### Transfer from Another Financial Institution

Complete an accompanying *Fidelity Transfer of Assets Form* and return it with this application.

- Transfer of Assets from an outside Retirement Plan of Same Account Type

Amount
\$

### 4. Account Features

**Options Trading:** To be considered for options trading within your brokerage account, all new account owners must complete a *Fidelity Options Application*, available online at *Fidelity.com*. A separate *Fidelity Options Application* must be completed for each account in which you wish to trade options.

- Please send a *Fidelity Options Application* by mail.

#### Electronic or Paper

If you provided an email address in Section 2 and unless you indicate otherwise below, all materials will be sent to you **electronically**. To confirm electronic delivery, respond to the *Electronic Delivery Agreement and Consent*, which Fidelity will email to you.

You choose to receive the following by **U.S. mail**:

Check only those items you do NOT want to receive electronically.

- Account statements  
 Other documents (including shareholder reports and regular prospectus mailings)  
 Trade confirmations and related prospectuses  
 Tax forms and related disclosures

### 5. Beneficiaries

- Designate beneficiaries to receive payment of the value of the Retirement Plan account being established with this application following your death. You may name one or more persons, trusts, or entities.
- This beneficiary designation applies to this account only and will not impact other Fidelity account beneficiary designations. Additionally, any beneficiary designations you have made on other Fidelity accounts will not apply to this account. However, if you are transferring an existing Fidelity Retirement Plan account to a Retirement Plan account, you may elect to apply your existing beneficiary designation to this account by checking the box below.
- Leaving this section blank will indicate no beneficiary is named by you for this account and, upon your death, you agree to have the payment of the value of this account made to your surviving spouse or, if no surviving spouse, your estate. If more than one person is named and no share percentages are indicated, payment shall be made in equal shares to your surviving primary beneficiary(ies). If a percentage is indicated and a primary beneficiary does not survive you, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies). If no primary beneficiaries survive you, payment will be made to any surviving contingent beneficiaries according to the same rules of succession described above for primary beneficiaries.

Beneficiaries continues on next page. ►►

### Copy Beneficiaries from Another Fidelity Retirement Plan Account

Available ONLY if you want to copy the current beneficiary designation(s) from an existing Fidelity Retirement Plan account.

Designate the SAME beneficiaries and percentages on this account as are currently designated for:  ▶ Skip to next section.

### Marital Status

Please indicate the Participant's marital status.

- Single  
 Married

If married and you designate a non-spouse beneficiary as your primary beneficiary, have your spouse sign the Spousal Consent section on the next page in the presence of a notary public.

### Primary Beneficiaries

For each beneficiary you list by name, check a beneficiary type and provide all information.  
 If you outlive the beneficiary and you want that beneficiary's share to go to each of his or her descendants by right of representation, check "per stirpes."

<input type="checkbox"/> Spouse	Name <i>If naming spouse as a beneficiary, do so here.</i>			
<input type="checkbox"/> Non-Spouse				
<input type="checkbox"/> Trust	Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %	<input type="checkbox"/> Per stirpes
<input type="checkbox"/> Other Entity				
<input type="checkbox"/> Non-Spouse	Name			
<input type="checkbox"/> Trust	Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %	<input type="checkbox"/> Per stirpes
<input type="checkbox"/> Other Entity				
<input type="checkbox"/> Non-Spouse	Name			
<input type="checkbox"/> Trust	Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %	<input type="checkbox"/> Per stirpes
<input type="checkbox"/> Other Entity				
			Total must add up to 100%. %	

### Contingent Beneficiaries

Contingent beneficiaries receive assets only if no primary beneficiary survives you.  
 Do NOT list any primary beneficiaries here.

<input type="checkbox"/> Spouse	Name <i>If naming spouse as a beneficiary, do so here.</i>			
<input type="checkbox"/> Non-Spouse				
<input type="checkbox"/> Trust	Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %	<input type="checkbox"/> Per stirpes
<input type="checkbox"/> Other Entity				
<input type="checkbox"/> Non-Spouse	Name			
<input type="checkbox"/> Trust	Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %	<input type="checkbox"/> Per stirpes
<input type="checkbox"/> Other Entity				
<input type="checkbox"/> Non-Spouse	Name			
<input type="checkbox"/> Trust	Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %	<input type="checkbox"/> Per stirpes
<input type="checkbox"/> Other Entity				
			Total must add up to 100%. %	

Beneficiaries continues on next page. ▶▶



**Spousal Consent** *Notarized signature required only when the spouse is not listed as 100% primary beneficiary*

You hereby consent to the designation of the primary beneficiary(ies) listed above. You understand that this consent allows the beneficiary(ies) listed above to be paid amounts that would otherwise be paid to you.

PRINT NAME	
SIGN	SIGNATURE OF PARTICIPANT'S SPOUSE <b>X</b>
	TODAY'S DATE <i>MM-DD-YYYY</i>
DATE	

**Important Note:** CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

**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 Co-Fiduciary 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	

My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_.

## 6. Participant and Plan Administrator Signatures and Dates

**Participant Agreement:**

By signing below, you:

- Consent to the information, instructions, and provisions set forth in this account application and to the beneficiary(ies) you have designated in the application.
- Understand that payment to the beneficiary(ies) will be made according to the rules of succession described in the beneficiary section of this account application.
- Acknowledge that acceptance of your application will be evidenced by a Letter of Acceptance signed by, or on behalf of, FMTC, or its agents, and delivered upon the Trustee's receipt of the initial contribution.
- Agree that upon transfer of assets due to any life event (divorce, death, etc.), and unless otherwise instructed, all residual income paid to the account and any fractional shares will be systematically allocated to the Transferee (New Asset

Holder) receiving the largest share proportion of the account assets. If the account is transferred evenly, or at different intervals, the income and/or fractional shares will be systematically allocated to the last transferee paid.

- Certify that you are of legal age to enter this agreement.
- Certify that all information provided in this application is true, accurate, and complete.
- Represent and warrant that if you have not completed the section titled Associations, you are not associated with or employed by a stock exchange or a broker-dealer and that you are not a control person or associate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policy-making officer), or an immediate family or household member of such a person.

- Acknowledge that you agree to the use of the Core Position to hold any assets of your account pending investment or other instructions and that you have received and read the prospectus for the Core Position.
- **Understand that your Core Position is a money market fund, and that you could lose money by investing in a money market fund. Although the fund seeks to preserve the value of your 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 you should not expect that the sponsor will provide financial support to the fund at any time.**

Participant and Plan Administrator Signatures and Dates continues on next page. ►►

6. Participant and Plan Administrator Signatures and Dates, continued

- Understand that Fidelity's government and U.S. Treasury money market funds will not impose a fee upon the sale of your shares, nor temporarily suspend your 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.
  - Consent to have only one copy of Fidelity mutual fund shareholder documents, such as prospectuses and shareholder reports ("Documents"), delivered to you and any other investors sharing your address. Your Documents, if held in eligible accounts, will be householded indefinitely; however, you may revoke this consent at any time by contacting Fidelity at 800-343-3548 and you will begin receiving multiple copies within 30 days. As Documents for other investments become available in the future, these Documents may also be householded in accordance with this authorization or any notice or agreement you received or entered into with Fidelity or its service providers.
  - Understand that, upon an issuer's request in accordance with applicable rules and regulations, Fidelity will supply your name to issuers of any securities held in your account so you might receive any important information regarding them, unless you notify Fidelity.
  - Understand that it is your responsibility to read the prospectus for the Core Position.
  - Acknowledge that Fidelity will not be liable for any loss, cost, or expense arising out of your instructions, provided that it institutes reasonable procedures to prevent unauthorized transactions.
  - Hereby constitute and appoint Fidelity your true and lawful attorney to surrender for redemption any and all shares held in the above-indicated accounts with full power of substitution in the premises.
  - Acknowledge that Fidelity reserves the right to cease to act as agent in connection with the above appointment after provision of notice to the address noted on this form.
  - Agree to be responsible for any and all fees and charges that apply to the account.
  - Certify and agree that the certifications, authorizations, and appointments in this document will continue until Fidelity receives actual written notice of any change thereof.
  - Acknowledge that you will receive a monthly account statement from Fidelity, unless there are no transactions in a particular month. In any case, you will receive a statement quarterly.
- If you are not a U.S. person:*
- State that you are submitting IRS Form W-8BEN with this application to certify your foreign status and, if applicable, to claim tax treaty benefits.

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.

I acknowledge that this account is governed by a predispute arbitration clause, which appears on the last page of the Customer Agreement, and that I have read the predispute arbitration clause.

By signing below, you acknowledge that you have read, understand, and agree to be bound by the provisions of this application.

PRINT PARTICIPANT'S NAME	
PARTICIPANT'S SIGNATURE	
SIGN	X
TODAY'S DATE MM-DD-YYYY	
DATE	

PRINT PLAN ADMINISTRATOR'S NAME	
PLAN ADMINISTRATOR'S SIGNATURE	
SIGN	X
TODAY'S DATE MM-DD-YYYY	
DATE	





**Before submitting this application:**

- If you are establishing a new SE 401(k) Plan, Profit Sharing Plan, or Money Purchase Plan, or amending any existing retirement plan, complete and attach:
  - The enclosed corresponding Adoption Agreement.

Be sure that you:

- Include a *Transfer of Assets* form, if transferring funds from another firm.
- Include a check to fund your account, if funding by a check.
- Remember to sign this application.

**Need additional space?** Make a copy of the relevant section.

**Did you sign the form and attach any necessary documents?**

Please return all pages and any attachments to Fidelity Investments. You will receive a "New Account Profile" confirming that your account is opened.

**Questions?** Please call a Fidelity retirement professional at 800-544-5373.

*Use postage-paid envelope, drop off at a Fidelity Investor Center, OR deliver to:*

**Regular mail**  
Fidelity Investments  
P.O. Box 770001  
Cincinnati, OH 45277-0036

**Overnight mail**  
Fidelity Investments  
100 Crosby Parkway KC1K  
Covington, KY 41015

*Brokerage services are provided by Fidelity Brokerage Services LLC. Custody and other services are provided by National Financial Services LLC. Both are Fidelity Investments companies and members of NYSE and SIPC.*

*Fidelity Brokerage Services LLC, Member NYSE and SIPC, 900 Salem Street, Smithfield, RI 02917*

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# Trusted Contact Authorization Form

Your physical and financial well-being are among our top priorities. Let us help you safeguard both.

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

The trusted contact should be someone other than the individual listed in Section 1.

First Name	Middle Name	Last Name
Email		
Phone	Extension	<input type="checkbox"/> Check here if phone number is a mobile number.
Relationship to Owner		

Primary Trusted Contact continues on next page. >>

**Legal/Permanent Address**

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

Street Address			
City	State/Province	ZIP/Postal Code	Country

**4. Alternate Trusted Contact**

*The trusted contact should be someone other than the individual listed in Section 1.*

First Name	Middle Name	Last Name
Email		
Phone	Extension	<input type="checkbox"/> Check here if phone number is a mobile number.
Relationship to Owner		

**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 you provided is correct to the best of your knowledge.
- 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
<b>SIGN</b> X	X

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

**Questions?** Go to [Fidelity.com/trustedcontact](http://Fidelity.com/trustedcontact) or call 800-343-3548.

*Use the postage-paid envelope, drop off at a Fidelity Investor Center, OR deliver to:*

<b>Regular mail</b>	<b>Overnight mail</b>
Fidelity Investments PO Box 770001 Cincinnati, OH 45277-0002	Fidelity Investments 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. 802990.2.0 (12/18)*

