

Fidelity Health Savings Account

Complete this application to open a health savings account ("HSA"). Type on screen or print out and 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 Personal Trust Company ("FPTC") will act as Custodian.
- FBS, NFS, and FPTC are together referred to herein as "Fidelity."
- Important documents related to your account include the HSA Custodial Agreement ("Custodial Agreement"), Fidelity Brokerage HSA Customer Account Agreement ("Customer Agreement"), Brokerage Commission and Fee Schedule ("Schedule of Fees"), FDIC-Insured Deposit Sweep Disclosure, Program Bank list and Privacy Notice, Important Tax Information, Investment Advice Information for Fidelity Workplace Health Savings Accounts ("Fiduciary Advisor Disclosure"), and other required documents, as amended from time-to-time (collectively the "HSA Documents").

Helpful to Know

Regarding this account:

- To help ensure proper set up of your account, you must indicate if you are opening this account because your employer offers the Fidelity HSA® as part of your workplace benefit or if you are opening this account on your own and it will not be associated with a workplace benefits program.
- For information on funding options, or to transfer money from another HSA, please go to [Fidelity.com](https://www.fidelity.com) or contact us at 800-544-3716.
- You must have a U.S. street address and reside in the U.S. to open a Fidelity HSA.
- Beneficiary designation may be established for this account by completing the applicable form, or online after your account is opened.
- If you provide an email address in Section 2, documents related to this account will be sent electronically; otherwise, they will be mailed to you. You may change document delivery once your account is opened.
- For additional information or for help filling out this application, please call a Fidelity investment professional at 800-544-3716.

1. HSA Type

We may correct your account type if we determine that you are eligible for a Fidelity HSA through your employer.

Check one.

☐ Workplace Fidelity HSA (check this box if your employer offers the Fidelity HSA as part of your workplace benefits program).

☐ Non-workplace Fidelity HSA (check this box if you are opening a Fidelity HSA on your own and not in connection with your workplace benefits program; this includes the spouse of a workplace account holder).

2. Account Owner

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

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

First Name		Middle Name		Last Name	
Taxpayer ID Number		Required		Date of Birth MM DD YYYY	
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> ITIN			
Mobile Phone		Secondary Phone			
Email					

By signing this account application, you agree to conduct business with Fidelity electronically and to the electronic delivery of all account-related documents and communications. You consent to Fidelity's use of your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. For help with texts, reply HELP. To opt out of texts, reply STOP. You may also update your contact information at any time through your profile on [Fidelity.com](https://www.fidelity.com). Please look for an email to confirm your information and the terms of this consent.

Account Owner continues on next page. ►►

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

Street Address		
City	State	ZIP Code

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	ZIP Code

Citizenship

Indicate your citizenship status. ►

☐ U.S. citizen Do not complete the fields below. Skip to Income Source.☐ Foreign citizen Information in this box must be completed.

Country of Citizenship

Choose one. ►

☐ Permanent U.S. resident ☐ Nonpermanent U.S. resident ☐ Nonresident of U.S.**Government Identification Number**

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

ID Number		Country of Issuance
ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY	

☐ Passport Number ☐ Permanent Resident Identifier ☐ Other Government-Issued ID Number**Income Source** Industry regulations require us to ask for this information.

Check one and provide information.

☐ Employed ☐ Self-employed

Occupation		Employer Leave blank if self-employed.	
Employer Address			
City	State/Province	ZIP/Postal Code	Country

☐ Retired ☐ Not employed

Source of Income Pension, investments, spouse, etc.

Check here if you are employed/associated with a Registered Investment Adviser ☐Check here if you are employed/associated with a Broker-Dealer ☐

Account Owner continues on next page. ►►

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

3. Account Features

Fidelity HSA Debit Card

Upon acceptance of your application, you will **automatically** be provided a Fidelity HSA® Debit Card with no annual fee, which can be used to pay for qualified medical expenses directly from your Fidelity HSA. Fidelity HSA Debit Cards are issued by PNC Bank, N.A., and the debit card program is administered by BNY Mellon Investment Servicing Trust Company. Please see the applicable terms, conditions and disclosures provided in Section 6 of this Application, Terms and Conditions. To request additional debit cards for an eligible spouse and/or dependents, check the box below or download the application from [Fidelity.com/hsasupplemental](https://www.fidelity.com/hsasupplemental).

☐ Check here if you would like additional cards for other dependents.

4. Core Position

Any cash balances awaiting your further instruction will be swept into Fidelity Government Cash Reserves (FDRXX), a money market fund (referred to as your "Core Position"). There may be other options available for your Core Position. If so, you can change your Core Position to one of these other options after your account is opened.

5. Signature and Date *Account owner must sign and date.*

Please be sure to read all the language included in the following pages, as well as sign, date, and return your completed application, including this signature page, to Fidelity.

To help the government fight money laundering and the funding of terrorism, federal law requires Fidelity to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify this information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account or beneficial owners of certain entities. Further documentation is required for certain entities, such as trusts, estates, corporations, partnerships, and other organizations. 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 HSA established with this application is governed by a predispute arbitration clause, which appears on the last page of the Customer Agreement and that you have read the predispute arbitration clause.

Signature and Date continues on next page. ►►

By signing below, you acknowledge that you have read, understand, and agree to be bound by the provisions of this application, including the Terms and Conditions for this account, below and on the following page.

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

458453.17.0

6. Terms and Conditions

By signing the previous section, you:

- Adopt the Fidelity HSA and appoint FMTC (or its successor) as HSA Custodian and FBS and NFS to perform administrative services pursuant to the Fidelity HSA Custodial Agreement and HSA Customer Agreement. You acknowledge that you have received, read, understand and agree to all of the terms and conditions of the Fidelity Health Savings Account Custodial Agreement, the Fidelity Health Savings Account Customer Agreement, and this application that applies to the account(s) being established with this application.
- Acknowledge that you agree to all terms and conditions on this application.
- Certify under penalties of perjury that the information you provided in this application is correct.
- Acknowledge that, contingent upon the proper completion, signature and delivery of this application, acceptance of your application will be indicated by a Letter of Acceptance signed by, or on behalf of, Fidelity or its agent.
- Acknowledge that, for any trades in your accounts that are required for purchasing other mutual fund(s) or to transfer to your Core Account, those trades may take place up to four days prior to a purchase order.
- Authorize Fidelity to disclose information to your employer for administrative or payroll purposes.
- Certify that you are establishing this HSA exclusively for the purpose of paying or reimbursing qualified medical expenses for you, your spouse, or your qualified dependents.
- Understand that a Fidelity HSA debit card will be issued in your name, and that PNC Bank, N.A., is the issuer of this Fidelity HSA debit card. You agree to the terms and conditions set forth in the Fidelity HSA Card Agreement and Disclosure Statement (which will be provided when the card is issued), as it may be amended from time to time. PNC Bank, N.A., is not affiliated with Fidelity Investments.
- Represent that, unless this account is used solely to make transfers or rollover contributions, you are eligible to contribute to this HSA—specifically that you (1) are covered under a high-deductible health plan (HDHP), (2) are not covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage), (3) are not currently enrolled in Medicare; and (4) cannot be claimed as a dependent on another person's tax return.
- Acknowledge that you are solely responsible for maintaining your HSA account in accordance with Section 223 of the Internal Revenue Code and related IRS guidance. You understand that you are responsible for determining your eligibility, your contribution limits, and the tax consequences of any distributions. Further, you understand that you are responsible for maintaining sufficient records to support these determinations, as well as notifying Fidelity of any distributions necessary to correct excess contributions made to your account.
- Acknowledge that the use of HSA funds to pay for expenses other than qualified medical expenses must be included in your gross income for tax purposes and, if you are not disabled or over age 65, is subject to a 20% tax penalty. You understand that you are responsible for determining whether a particular medical expense is a qualified medical expense and that you must keep all receipts and records for tax purposes. For details on qualified medical expenses, please refer to IRS publications 969 and 502 or contact a tax professional.
- Acknowledge that payment to beneficiaries will be made according to the rules of succession described in the applicable Custodial and Customer Agreements.
- Affirm that you have received and read the Schedule of Fees, that you understand this schedule may change from time to time, and that you agree to be responsible for those fees and charges that apply to your account.
- Affirm that you have received and read the Fiduciary Advisor Disclosure.
- Affirm that you are at least 18 years old and of full legal age to enter into the agreements associated with this application in your state of residence.
- Understand that although FPTC is a bank, you recognize that any security (i.e., any mutual fund/money market fund, stock, bond, etc.) in which this HSA may be invested is not a bank deposit and is not backed or guaranteed by any bank or insured by the FDIC or any other government agency.
- Understand 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.

Terms and Conditions continues on next page. ►►

- Affirm that you have received and read the prospectus or other applicable disclosure for the Core Position, and the description of the Core Position in the Customer Agreement, including Fidelity's right to change the options available.
- Agree to the use of the Core Position specified above to hold assets pending investment, withdrawal, or other instructions.
- Understand that: (i) generally, Fidelity earns more compensation when you invest in products offered by an affiliate of Fidelity, and the compensation earned, as well as your yield, varies by product; (ii) notwithstanding any contrary provisions in any underlying account documentation, other options may be available for your Core Position after opening your account, and, if other options are available, you may select a different option by updating your Core Position on [Fidelity.com](https://www.fidelity.com) or through a representative; and (iii) in certain circumstances, such as when Fidelity determines that you reside outside the United States, the Core Position will operate differently.
- 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 will be househanded 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 househanded 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.
- Consent to the recording of all telephone calls made in connection with your account.
- Agree that terms and conditions of this application and their enforcement are governed by the laws of the Commonwealth of Massachusetts, except for its conflict-of-law provisions.
- If you are not a U.S. person, you agree to submit an IRS Form W-8BEN to certify your foreign status and, if applicable, to claim tax treaty benefits.
- Agree to indemnify Fidelity (its agents, affiliates, successors, and employees) from any and all liability in the event that you fail to meet any IRS requirements concerning your HSA(s).

Did you sign the application? Return your completed application and any attachments to Fidelity. You will receive a "New Account Profile" confirming that your account is opened.

Questions? Go to [Fidelity.com/openaccount](https://www.fidelity.com/openaccount) or call 800-544-3716.

Regular mail
Fidelity Investments
PO Box 770001
Cincinnati, OH 45277-0002

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

Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 458453.17.0 (09/22)

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

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

Questions? Go to Fidelity.com/trustedcontact or call 800-343-3548.

Regular mail

Fidelity Investments
PO Box 770001
Cincinnati, OH 45277-0002

Overnight mail

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. 802990.3.0 (06/20)

Electronic Funds Transfer (EFT) Authorization

Use this form to establish standing Electronic Funds Transfer (EFT) instructions on your Fidelity account, including eligible retirement and nonretirement accounts. Do NOT use this form to request a specific transaction. 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

- EFT can be used to make routine transfers to or from your bank, and 3rd Party EFT can be used to make routine transfers to someone else's bank. Note: 3rd Party EFT may not be used to make transfers for commercial purposes.
- EFT and 3rd Party EFT may not be available during the first four to five days after the feature is established on your account.
- Any transaction in your Fidelity IRA initiated with the instructions you create will result in a distribution from your Fidelity IRA and will be reported to the IRS. Note that:
 - Such distribution will generally result in taxable income to you for the year distributed to you, unless it is rolled over to another IRA or qualified employer plan within 60 days. It is your responsibility to ensure that the subsequent account is qualified to accept rollover amounts.
- EFT and 3rd Party EFT are not available for:
 - Workplace Self-Directed Brokerage
 - Money Purchase and Profit Sharing Plans
 - Investment-Only Retirement Accounts
- 3rd Party EFT is also not available for:
 - Self-Employed 401(k)
 - Mutual Fund Only Accounts
 - Health Savings Accounts (HSAs)
 - Business Accounts
- Trust accounts are eligible for EFT:
 - If your bank account is the same trust, the supporting document should list both the full name of the trust and a name of a trustee.
 - If your bank account is personally owned, the supporting document should list your full name.
- For SIMPLE IRAs, ONLY 3rd Party EFT is available.
- For Self-Employed 401(k)s, ONLY transfers FROM the outside bank TO Fidelity are available. You will not be able to transfer from Fidelity to the outside account. The Plan Administrator must sign in Section 5.
- Transaction limits may apply.
- There is no fee to use the EFT service, although your financial institution may charge transaction fees.
- See "Important Information about Electronic Funds Transfer (EFT)" included with this form.

1. Account Owner(s)

First Name	Middle Name	Last Name
Additional Owner/Authorized Individual Name		

2. EFT Authorization for Your Bank Account

To establish EFT that allows for the transfer of money both to and from your Fidelity account(s), you **must** be an owner of the account at the other financial institution and the registration types must match (ex: individual account to individual account). You will need to attach a voided check, deposit slip, or bank statement with the account number and all owner names preprinted on it. Your name on your supporting bank documents **must match** your name on your Fidelity accounts.

Provide your Fidelity account number(s) for establishing EFT:

Be sure each account listed is eligible for EFT.

Fidelity Account Number	Fidelity Account Number	Fidelity Account Number

Provide bank account information below to set up the EFT feature.

Bank Account

☐ Checking ☐ Savings

EFT Authorization for Your Bank Account continues on next page. ►►

Complete this section and attach an account statement, voided check, or deposit slip.

Owner(s) Name(s) Exactly as on Bank Account	
Bank Routing/ABA Number	Bank Name
Checking or Savings Account Number	

Attach here:

Account number and all owner names must be preprinted and unaltered.

ABA Transit Routing Number Account Number

3. 3rd Party EFT Authorization *For brokerage accounts only.*

Complete this section if you are not an owner on the account at the other financial institution. This option **ONLY** allows you to move money FROM Fidelity to the outside account.

Provide your Fidelity account number(s) below for establishing 3rd Party EFT:

Be sure each account listed is eligible for 3rd Party EFT.

Fidelity Account Number	Fidelity Account Number	Fidelity Account Number
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Provide bank account information below to set up the 3rd Party EFT feature.

Bank Account

Check **ONLY** one. ☐ Checking ☐ Savings

To establish this feature, you **MUST** obtain a Medallion signature guarantee in Section 5.

Owner(s) Name(s) Exactly as on Bank Account	
Bank Routing/ABA Number	Bank Name
Checking or Savings Account Number	

Form continues on next page. ►►



4. W-8-Certified Customers (Non-U.S. Citizens) *Explanation for standing instructions requested for a country different from the country of tax residence.*

If you are requesting standing instructions to send money to a financial institution located in a non-U.S. country that is different from the treaty country listed on your W-8, provide the reason below.

Required to be completed if applicable.

Reason 250 characters maximum

5. Signature and Date *Form cannot be processed without signature(s) and date(s).*

In the section below, "Fidelity," "us," and "we" refer to Fidelity Brokerage Services LLC and National Financial Services LLC and their affiliates, and their employees, agents, representatives, shareholders, successors, and assigns as the context may require; "you" and "account owner" refer to the owner indicated on the account form; and for any account with more than one owner (such as a joint or trust account), "you" and "account owner" or "account owners" refer to all owners, collectively and individually.

By signing below, you:

- Authorize Fidelity to act on all instructions given in this form.
- Accept all terms and conditions described in this form.
- Certify that all information provided in this form is true, accurate, and complete.
- Agree, if you are a trustee, a custodian, or the fiduciary of an employer-sponsored retirement plan, that you are responsible for complying with your legal and fiduciary obligations.
- Authorize us, upon receiving instructions from you or as otherwise authorized by you, to make payments from you and to you or your designee, by credit or debit entries to the designated account at the financial institution indicated in the form ("Bank"). You authorize the Bank to process such entries and to credit or debit the designated account at that Bank for such entries. You ratify such instructions and agree that neither we nor any mutual fund will be liable for any loss, liability, cost, or expense for acting upon all such instructions believed to be genuine if we employ reasonable procedures to prevent unauthorized transactions. You agree that this authorization may only be revoked by written notice to us in such time and manner as to afford us and the Bank a reasonable opportunity to act upon it.
- Warrant and represent that (i) the third party's account identified in Section 3 is owned by a natural person, (ii) that person has authorized his/her account to be credited in accordance with your instructions, and (iii) the account has been established for personal, family, or household use, and not for commercial purposes.
- Acknowledge that Fidelity will not be liable for any loss, expense, or cost arising out of your instructions, provided that it institutes reasonable procedures to prevent unauthorized transactions.
- Acknowledge that you have read and agree to the Important Information about Electronic Funds Transfer (EFT) document.
- Understand that Fidelity may purge unused EFT instructions from your account(s) on a periodic basis without notice to you.
- Understand that Fidelity may terminate the EFT instructions from your account(s) at any time in its sole discretion.
- If the account is owned by a business or entity, certify that you are authorized to enter into these transactions on behalf of the organization.

Form continues on next page. ►►



One authorized signature is required unless you have a Mutual Fund Account (the account number begins with a 2 followed by two letters) in which case all owners must sign.

A Medallion signature guarantee is required to establish 3rd Party EFT instructions for a bank account that is not in your name.

If the form is completed at a Fidelity Investor Center with all signers present, the Medallion signature guarantee is not required. You can get a Medallion signature guarantee from most banks, credit unions, and other financial institutions. **A notary seal/stamp is NOT a Medallion signature guarantee.**

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

▼ MEDALLION SIGNATURE GUARANTEE ▼

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

▼ MEDALLION SIGNATURE GUARANTEE ▼

Did you sign the form and attach a check or any necessary documents?

Send the ENTIRE form and any attachments to Fidelity Investments. You will receive a "Revised Account Profile" confirming your updates.

Questions? Go to [Fidelity.com/eft](https://www.fidelity.com/eft) or call 800-343-3548.

Regular mail

Fidelity Investments
PO Box 770001
Cincinnati, OH 45277-0002

Overnight mail

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. 592521.14.0 (10/23)

Important Information about Electronic Funds Transfer (EFT)

Keep this information for your records.

Privacy Statement

You understand that Fidelity will disclose information to third parties about your account or the transfers you make:

- (i) Where it is necessary for completing transfers, or
- (ii) In order to verify the existence and condition of your account for a third party, such as a credit bureau or merchant, or
- (iii) In order to comply with a government agency or court order, or
- (iv) If you give Fidelity your written permission, or
- (v) For other purposes in accordance with Fidelity's privacy statement

Fees

There is no fee to use the EFT service, although your financial institution may charge transaction fees.

Limitations for EFTs

There may be a four-day period after Fidelity processes your request to establish EFT, during which the service will be unavailable to transfer funds to or from your bank account. The minimum amount for EFTs initiated on *Fidelity.com* is \$1 for nonretirement brokerage accounts and \$10 for retirement brokerage accounts (or with respect to a Fidelity mutual fund account, the fund minimum). In most cases, EFTs initiated on *Fidelity.com* are subject to a maximum cumulative daily amount of \$100,000 for transfers out of your Fidelity account, and \$250,000 for deposits into your Fidelity account. Transfers out of your Fidelity account initiated on *Fidelity.com* are typically limited to three per day.

Brokerage Account Minimum Balances

There is no minimum account balance to process an EFT transaction; however, your core account must have adequate funds to cover a redemption.

Mutual Fund Account Minimum Balances

There is no minimum account balance to process an EFT transaction; however, you must have an adequate balance in your mutual fund position to cover a redemption.

Business Days

For purposes of EFTs, Fidelity's business days are Monday through Friday. Bank and New York Stock Exchange holidays are not included.

Documentation Periodic Statement

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.

Direct Deposits

If you have arranged to have direct deposits made to your Fidelity Account or Fidelity Mutual Fund Account, at least once every sixty (60) days from the same person or company, you can call Fidelity at 800-343-3548 to find out whether or not the deposit has been made.

Special Disclosure for Covered Transfers

In general, your use of the EFT service for transfer of funds electronically other than those for which the primary purpose is the purchase or sale of securities ("Covered Transfers") is covered under the Electronic Funds Transfer Act and the Bureau of Consumer Financial Protection's Regulation E and related laws and regulations. The following terms and disclosures apply to Covered Transfers:

Unauthorized Transfers

You will tell Fidelity promptly if you believe your password has been lost or stolen or may have been used without your permission. Telephoning Fidelity at the number listed below is the best way of keeping your possible losses down. If you believe your password has been lost or stolen, and you tell Fidelity within two (2) business days after you learn of the loss or theft, you can lose not more than \$50 for Covered Transfers if someone used your password without your permission. If you do NOT tell Fidelity within two (2) business days after you learn of the loss or theft of your password, and Fidelity can prove Fidelity could have prevented any unauthorized use if you had told Fidelity, you could lose as much as \$500. Also, if your statement shows Covered Transfers that you did not make, you will tell Fidelity promptly. If you do not tell Fidelity within sixty (60) days after the first statement was mailed to you, you may not get back any money you lost after sixty (60) days if Fidelity can prove that Fidelity could have stopped someone from taking the money if you had told Fidelity in time. In extenuating circumstances, Fidelity may extend such time periods. Additional protection may be available from Fidelity for specific accounts under certain circumstances.

Stop Payment Procedures

If you have told Fidelity in advance to make regular Covered Transfers out of your Fidelity account, you can stop any of these payments. Here's how: you can call or write to Fidelity using the contact information listed below. Your notice must be made in time for Fidelity to receive your request at least three (3) business days or more before the payment is scheduled to be made. If you call, Fidelity may, as an additional measure, require you to put your request in writing and get it to Fidelity within fourteen (14) days after you call. **Unless otherwise provided, you may not stop payment of electronic funds transfers; therefore, you should not employ electronic access for purchases or services unless you are satisfied that you will not need to stop payment.**

Fidelity's Liability for Failure to Make Covered Transfers

If Fidelity does not complete a Covered Transfer to or from your Fidelity account on time or in the correct amount according to Fidelity's agreement with you, Fidelity may be liable for your losses or damages.

However, there are some exceptions. Fidelity will not be liable for instance:

- If, through no fault of Fidelity's, you do not have enough money in your Fidelity account to make the Covered Transfer.
- If the money in your Fidelity account is subject to legal process or other claim restricting such transfer.
- If the transfer would exceed your margin availability, if any.
- If the bank account information you provided to Fidelity when you established the EFT service was incorrect or has subsequently become incorrect.
- If circumstances beyond Fidelity's control (such as fire or flood) prevent the transaction, despite reasonable precautions taken by Fidelity.
- If there was a technical malfunction which was known to you at the time you attempted to initiate a Covered Transfer or, in the case of a preauthorized Covered Transfer, at the time the transfer should have occurred.
- There may be other exceptions stated in our agreement with you.

Error Resolution

In the case of errors or questions about your Covered Transfers, you will call or write Fidelity using the contact information listed below, promptly. You will call or write Fidelity if you think your statement is wrong or if you need more information about a Covered Transfer on the statement. **Fidelity must hear from you no later than sixty (60) days after Fidelity sent the FIRST statement on which the problem or error appeared.** You will:

- Tell Fidelity your name and account number.
- Describe the error or the Covered Transfer that you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell Fidelity the dollar amount of the suspected error.

If you notify Fidelity orally, Fidelity may require that you send your complaint or question in writing within ten (10) business days. Fidelity will tell you the results of its investigation within ten (10) business days after Fidelity hears from you and will correct any error promptly. If Fidelity needs more time, however, it may take up to forty-five (45) days to investigate your complaint or question. If Fidelity decides to do this, it will credit your account within ten (10) business days for the amount that you think is in error, so that you will have the use of the money during the time it takes Fidelity to complete its investigation. If Fidelity asks you to put your request or question in writing and it does not receive it within ten (10) business days, or if your account is a brokerage account subject to Regulation T of the Board of Governors of the Federal Reserve System (Credit By Brokers and Dealers, 12 CFR 220), Fidelity may not credit your account. For questions involving new accounts, point of sale or foreign initiated transactions, we may take up to ninety (90) days to investigate your complaint or question. With respect to new accounts, we may take up to twenty (20) business days to credit your account for the amount you think is in error. Fidelity will inform you of the results of its investigation within three (3) business days of its completion. If Fidelity decides that there was no error, Fidelity will send you a written explanation. You may ask for copies of the documents that Fidelity used in the investigation.

Contact Information

Fidelity Investments
PO Box 770001
Cincinnati, OH 45277

Phone: 800-343-3548

Representatives are available 24 hours per day, seven days per week, to take your call.

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 652049.6.0 (04/23)