

Fidelity Investments

Enrollment and Beneficiary Designation Form

457(b) Deferred Compensation Plan



Opening a new account: Please complete this enrollment form, and sign it on the back. You will receive written confirmation once your account is established. At that point, you can also submit a Salary Reduction Agreement to your employer who can then forward contributions to your account. Please contact your employer or tax advisor to determine your maximum allowable contribution.

Fees: Your account may be subject to an annual maintenance and/or recordkeeping fee, which will vary depending on your institution's plan size and processing requirements.

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

Transferring from an existing 457(b) non-governmental plan (if allowed by your employer): If you are transferring assets to Fidelity and as a result establishing a new 457(b) non-governmental account, please complete a 457(b) Non-Governmental Transfer Form in addition to this Enrollment and Beneficiary Designation Form.

457(b) governmental plan transfer or rollover (if allowed by your employer): Movement of money between the same plan types, Governmental 457(b) to Governmental 457(b), will be requested as an in-plan transfer. Movement of money between different plan types will be requested as a rollover. Please call to request a Transfer/Rollover/Exchange Form and return it with this Enrollment and Beneficiary Designation Form and your check.

Questions? For additional assistance, please contact Fidelity Investments at 1-800-343-0860, or for the hearing impaired (TTY), 1-800-259-9743, Monday through Friday, 8:30 a.m. to 8:30 p.m. (except for New York Stock Exchange holidays).

1. PARTICIPANT INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #: -- Date of Birth: --

First Name:

Last Name:

Mailing Address:

Address Line 2:

City: State:

Zip:

Daytime Phone: -- Evening Phone: --

E-mail:

2. EMPLOYER INFORMATION

Name of Current Employer/Site/Division:

Mailing Address:

City: State:

Zip:

Date of Hire: -- Your Occupation:



3. SELECTION OF INVESTMENT OPTIONS

Please enter the percentage of contributions you wish allocated to the investment options you have selected from among those available under your employer's plan. The allocation must total 100%. Check with your employer as to which options are available for investment under your plan. If your percentages do not add up to 100% or you select an unavailable investment option, your contribution will be invested in an investment option according to your plan rules.

I would like all contributions to my employer's plan invested in the following investment options (please refer to each prospectus for the full name of each fund):

Please check here if you are selecting more than four investment options.

Investment Options

Please use whole percentages

Fund Code:

Fund Name:

Percentage:

□	□	□	□	□
□	□	□	□	□
□	□	□	□	□
□	□	□	□	□

□	□	□	%
□	□	□	%
□	□	□	%
□	□	□	%

Total = 100%

4. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to three primary and three contingent beneficiaries. To assign additional beneficiaries, please attach, sign, and date a separate piece of paper. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation form to Fidelity.

When designating beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name, trust address, the date the trust was created, and the trustee's name.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to your primary beneficiary(ies) who survives you. If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary's designated share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentages selected.

Please check here if you have more than three primary or three contingent beneficiaries.

Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

I. Individual:

OR

Trust Name:

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Social Security Number:

OR

Tax ID Number:

Percentage:

□	□	□	-	□	□	-	□	□	□	□
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□	□	-	□	□	□	□	□	□	□	□
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□	□	□	%
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Date of Birth or Trust Date:

Relationship to Applicant:

□	□	-	□	□	-	□	□	□	□
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Spouse **OR** Trust **OR** Other

4. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)



2. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other

3. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other **Total = 100%**

Contingent Beneficiary(ies)

If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below. **Please note:** Your primary beneficiary cannot be your contingent beneficiary.

1. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other

2. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other

3. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other **Total = 100%**

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).



5. AUTHORIZATION AND SIGNATURE

Individual Authorization: By executing this form

- I certify that my Social Security number in Section 1 on this form is correct.
- I acknowledge that I have read the prospectus of any mutual fund in which I invest and that it is my responsibility to read the prospectus(es) of any fund into which I exchange and agree to the terms.
- **I understand that my account may be subject to an annual maintenance and/or recordkeeping fee.**
- I understand that I may designate a beneficiary for my assets accumulated under the Plan and that if I choose not to designate a beneficiary, distributions will be made based on the provisions of the Plan. If my employer requires that my spouse consent to my designation of a non-spouse as my primary beneficiary, I understand that I may be required to complete a different form.
- If Fidelity Management Trust Company ("FMTC") is the trustee of my Employer's Plan, I recognize that although FMTC is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my accounts may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC.

Your Signature:

Date:

