

**Fidelity Investments**  
**Enrollment and Beneficiary Designation Form**  
**457(b) Deferred Compensation Plan**

**Opening a new account:** Please complete this enrollment form, including beneficiary designation, and sign it on the back. You will receive written confirmation once your account is established. At that point, you can submit a Salary Reduction Agreement to your employer who can then forward contributions to your account. You may revoke the beneficiary designation and designate a different beneficiary by submitting another Beneficiary Designation Form to Fidelity. 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.

Unless otherwise instructed by your employer, return this form in the postage-paid envelope or to

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

**Transferring from an existing plan (if allowed):** If you are transferring assets to Fidelity and as a result establishing a new account, please complete a Transfer Form in addition to this Enrollment Form.

**Rollover contribution (if allowed):** To make a rollover contribution if allowed by your employer, please call to request a Rollover Form and return it with this Enrollment Form and your check.

**Questions?** Call Fidelity Investments at 1-800-343-0860 Monday through Friday from 8:00 A.M. to midnight ET.

**1. YOUR INFORMATION**

Please use a pen and print clearly in CAPITAL LETTERS.

Social Security #:

First Name & M.I.:

Last Name:

Date of Birth:

Street Address:

Apt. No:

City:

State:

Zip:

Daytime Phone:

Evening Phone:

**2. YOUR EMPLOYMENT INFORMATION**

Name of Current Employer/Site/Division:

Address:

City:

State:

Zip:

Date of Hire:

Your Occupation:



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### 3. SELECTION OF INVESTMENT OPTIONS

I am establishing a(n) (check all that apply):

- Voluntary (SRA/Salary Reduction) — represents pretax contributions you make through salary reduction on a voluntary basis.
- Employer — represents assets contributed by your employer to your account on your behalf.

I would like all contributions to my 457 account invested in the following investment options (please refer to each prospectus for the full name of each investment option):

#### Investment Options

**Please use whole percentages**

Fund Name:	Fund Code:	Percentage:    %
Fund Name:	Fund Code:	Percentage:    %
Fund Name:	Fund Code:	Percentage:    %
Fund Name:	Fund Code:	Percentage:    %
Fund Name:	Fund Code:	Percentage:    %
Fund Name:	Fund Code:	Percentage:    %
Fund Name:	Fund Code:	Percentage:    %

**Total: = 100%**

### 4. DESIGNATING YOUR BENEFICIARY(IES)

**You are not limited to four primary and four contingent beneficiaries.** To designate additional beneficiaries, please attach, sign and date a separate piece of paper.

**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 and address, the date the trust was created, and the trustee's name.

### 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.

1. Individual or Trust Name: \_\_\_\_\_ Percentage: \_\_\_\_\_ %  
Date of Birth or Trust Date: \_\_\_\_\_ Relationship to Applicant or Trustee Name: \_\_\_\_\_
2. Individual or Trust Name: \_\_\_\_\_ Percentage: \_\_\_\_\_ %  
Date of Birth or Trust Date: \_\_\_\_\_ Relationship to Applicant or Trustee Name: \_\_\_\_\_
3. Individual or Trust Name: \_\_\_\_\_ Percentage: \_\_\_\_\_ %  
Date of Birth or Trust Date: \_\_\_\_\_ Relationship to Applicant or Trustee Name: \_\_\_\_\_
4. Individual or Trust Name: \_\_\_\_\_ Percentage: \_\_\_\_\_ %  
Date of Birth or Trust Date: \_\_\_\_\_ Relationship to Applicant or Trustee Name: \_\_\_\_\_

Unless otherwise specified by my plan, if more than one person is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

If there is no primary beneficiary(ies) 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.

### Contingent Beneficiary(ies)

1. Individual or Trust Name: \_\_\_\_\_ Percentage: \_\_\_\_\_ %  
Date of Birth or Trust Date: \_\_\_\_\_ Relationship to Applicant or Trustee Name: \_\_\_\_\_
2. Individual or Trust Name: \_\_\_\_\_ Percentage: \_\_\_\_\_ %  
Date of Birth or Trust Date: \_\_\_\_\_ Relationship to Applicant or Trustee Name: \_\_\_\_\_
3. Individual or Trust Name: \_\_\_\_\_ Percentage: \_\_\_\_\_ %  
Date of Birth or Trust Date: \_\_\_\_\_ Relationship to Applicant or Trustee Name: \_\_\_\_\_
4. Individual or Trust Name: \_\_\_\_\_ Percentage: \_\_\_\_\_ %  
Date of Birth or Trust Date: \_\_\_\_\_ Relationship to Applicant or Trustee Name: \_\_\_\_\_

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

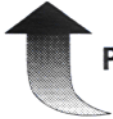
## 6. AUTHORIZATION AND SIGNATURES

**Individual Authorization:** By executing this form

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct
- I acknowledge that I have read the prospectus of any fund in which I invest and agree to the terms
- **I understand that my account may be subject to an annual maintenance and recordkeeping fee** and that upon the full withdrawal of my account, it may be subject to a liquidation or surrender fee
- I understand that I may designate a beneficiary for my assets accumulated under my employer's 457 plan and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, distributions will be made based on the provisions of my employer's 457 plan
- I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver another completed and signed Beneficiary Designation Form to Fidelity at a later date
- I am aware that the beneficiary information provided herein shall apply to all my accounts under the 457 plan and shall replace all previous designation(s) I have made on any of my accounts under the plan
- 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:



**Please be sure to sign here.**