

# Fidelity Investments 403(b) Individual Custodial Account Application

## GENERAL INSTRUCTIONS

**Opening a new account:** Please complete this form and sign it on the back. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity. 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. Please contact Fidelity, your employer, or tax advisor to determine your maximum allowable contribution.

**Moving assets from an existing plan:** To make a transfer or rollover contribution, please complete the enclosed transfer/rollover form. If a form was not included within your enrollment kit, please call Fidelity to request a form.

**Fees:** Your account may be subject to an annual maintenance and/or recordkeeping fee.

**Mailing instructions:** Return this form in the enclosed postage-paid envelope or to  
**Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090**

**Questions?** Call Fidelity Investments at 1-800-343-0860, Monday through Friday, from 8:00 A.M. to midnight ET (except holidays), or visit us at [www.fidelity.com/atwork](http://www.fidelity.com/atwork).

## YOUR INFORMATION

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

Social Security #:	<input type="text"/>	Date of Birth:	<input type="text"/>
First Name:	<input type="text"/>		
Last Name:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Zip:	<input type="text"/>	Plan Number (if known):	<input type="text"/>
Daytime Phone:	<input type="text"/>	Evening Phone:	<input type="text"/>
E-mail:	<input type="text"/>		
Name of Employer:	<input type="text"/>		
Employer Address:	<input type="text"/>		
Employer City:	<input type="text"/>	Employer State:	<input type="text"/>
Employer Zip (if known):	<input type="text"/>		
I am:	<input type="checkbox"/> Single	OR	<input type="checkbox"/> Married
Name of Site/Division:	<input type="text"/>		

Fidelity Investments Institutional Operations Company, Inc.



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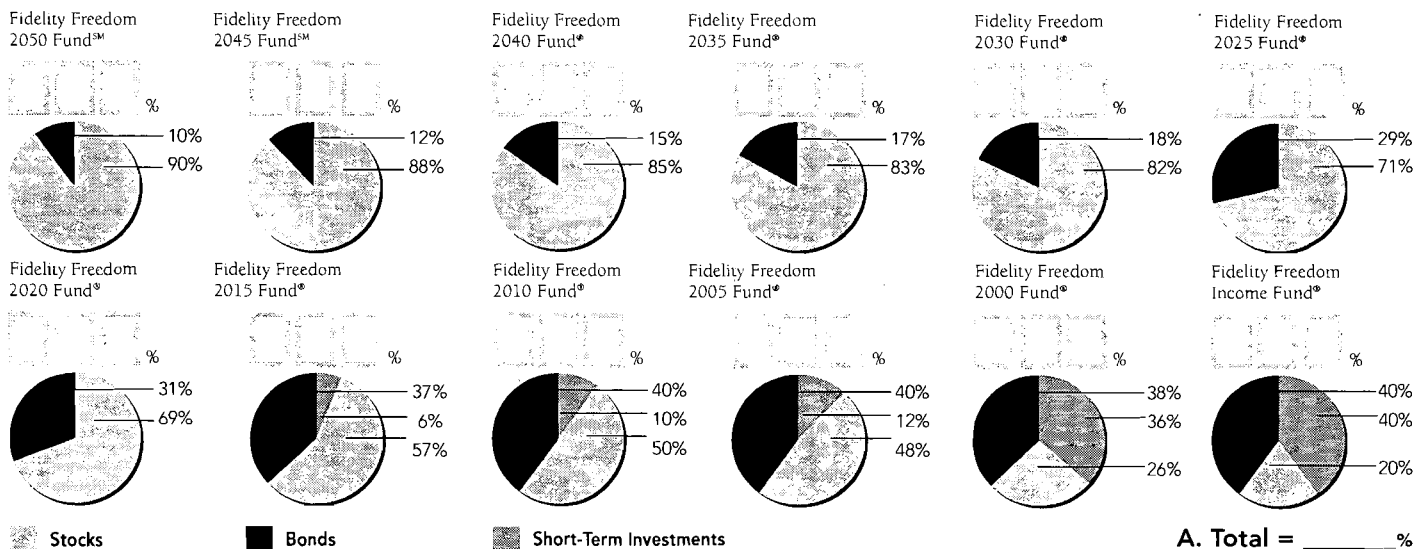
## SELECTING YOUR INVESTMENT OPTIONS

You may choose to invest in the Fidelity Freedom Funds® or other investment options Fidelity has to offer. You may select one option or a combination of the three. If you choose a combination, be sure the total of your investments adds up to 100% (Sections A + B below).

**NOTE:** For investors who prefer to create their own portfolio, Fidelity offers a wide selection of investments to choose from. Contact Fidelity for a free prospectus. Please read it carefully before you invest.

### A. Freedom Fund Options

Choose the Fidelity Freedom Fund that matches your anticipated retirement date. If you choose to invest only in Freedom funds, make sure your Freedom funds selection(s) totals 100%.



The percentages represent anticipated target asset allocation at March 31, 2007.

The target asset mixes presented here were developed by Strategic Advisers, Inc., a registered investment advisor and a Fidelity Investments company. These funds are subject to the volatility of the financial markets in the U.S. and abroad, and may be subject to the additional risks associated with investing in high yield, small cap, and foreign securities.

### B. Other Investment Options

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

Investment Options

Fund Code:

Fund Name:

Please use whole percentages  
Percentage:



	%
	%
	%
	%
	%

**B. Total = \_\_\_\_\_ %**

**Grand Total (A + B) = 100%**

Keep in mind that if your figures don't add up to 100% or if you leave this section blank, your contributions will be invested in the default option described in your employer's summary plan document, or the Individual Custodial Account Agreement.

## DESIGNATING YOUR BENEFICIARY(IES)

Please check here if you have more than two primary beneficiaries or one contingent beneficiary.

**You are not limited to two primary beneficiaries and one contingent beneficiary.** To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper.

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

## DESIGNATING YOUR BENEFICIARY(IES), continued

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 percentage selected for them.

### 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 \_\_\_\_\_

Social Security Number: \_\_\_\_\_ OR \_\_\_\_\_

Date of Birth or Trust Date: \_\_\_\_\_

Trust Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Relationship to Applicant:

Spouse OR  Trust OR  Other

Percentage: \_\_\_\_\_ %

2. Individual: \_\_\_\_\_ OR \_\_\_\_\_

Social Security Number: \_\_\_\_\_ OR \_\_\_\_\_

Date of Birth or Trust Date: \_\_\_\_\_

Trust Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Relationship to Applicant:

Spouse OR  Trust OR  Other

Percentage: \_\_\_\_\_ %

### Contingent Beneficiary

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 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: \_\_\_\_\_

Relationship to Applicant:

Spouse OR  Trust OR  Other

Percentage: \_\_\_\_\_ %

If you are assigning additional contingent beneficiaries, payment to contingent beneficiaries will be made according to the rules of succession described under Primary Beneficiary(ies).

## SPOUSAL CONSENT

The Spousal Consent section applies only when (1) you are married, (2) you name someone other than your spouse as your primary beneficiary, and (3) the 403(b) plan requires that your spouse consent to your naming of another beneficiary. Please check with the employer who sponsored the 403(b) plan to determine if Spousal Consent applies.

**Spousal Consent:** If you are married, and your plan is subject to the Employee Retirement Income Security Act (ERISA), the plan requires you to designate that your spouse receives at least 50% of your vested account balance in the form of a preretirement survivor annuity. If you are married and you do not designate your spouse as your primary beneficiary for a portion of your account balances as described above, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan. **Please check with your employer about the spousal consent and any additional beneficiary requirements specific to your plan.**

**Age 35 Requirement:** Your spouse must be the primary beneficiary of your account as described above, unless your spouse consents to a different primary beneficiary. If this designation occurs prior to the first day of the plan year in which you attain age 35, this designation is void on the earlier of (a) the first day of the plan year in which you attain age 35, or (b) the date of separation from service. When this designation is voided, your spouse will become the beneficiary for the amount described above. If you wish to designate a different primary beneficiary at that time, you will need to complete a new Beneficiary Designation form.

**SPOUSAL CONSENT, continued**

As the spouse of the Participant named above, I understand that, under the terms of the Plan, my spouse's retirement benefits are to be paid to me as required by the 403(b) plan, unless I choose to give up that right. By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death; (2) that my spouse revokes this beneficiary designation and it is not valid unless I consent to it; (3) that my consent is voluntary; (4) that my consent is irrevocable unless my spouse revokes this beneficiary designation; and (5) that my consent (signature) must be witnessed by a notary public or a representative of the plan.

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant attains age 35, my rights as a primary beneficiary as determined by the retirement plan provisions will be restored to me on the earlier of (a) the first day of the plan year in which the participant attains age 35, or (b) the date the participant separates from service with the employer sponsoring the retirement plan.

Signature of Participant's Spouse:

Date:

[Signature]

[Date]

To be completed by a notary public or representative of the plan (if provided for under the terms of your employer's plan).

Sworn before me this day

[Date]

In the State of [State], County of [County]

Notary Public Signature:

[Signature]

My Commission Expires:

[Date]

[Notary Stamp Box]

Notary stamp must be in the above box

As plan representative, I witnessed the spouse's signature.

Date:

[Signature]

[Date]

**AUTHORIZATION AND SIGNATURE**

**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 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 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 with a later date.
- I am aware that the beneficiary information provided herein shall apply to all my Fidelity accounts under the plan listed in Section 1 for which Fidelity Management Trust Company (FMTC) (or its affiliates and/or any successor appointed pursuant to the terms of such accounts or trust agreement in effect between FMTC and my Employer, as applicable) acts as trustee or custodian, and shall replace all previous designation(s) I have made on any of my accounts.
- I understand that my account may be subject to an annual maintenance and/or recordkeeping fee.
- I hereby adopt the Fidelity Investments 403(b)(7) Individual Custodial Account ("the Program") and certify that I have received and read the Individual Custodial Agreement for the Program.
- I acknowledge that the provisions of the Program shall be governed by the laws of the Commonwealth of Massachusetts.
- I understand that I may designate a beneficiary for my assets accumulated under the Program 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, my estate.
- I understand that if my employer's 403(b) program is controlled by a formal retirement plan document, that the plan document may enforce a different beneficiary requirement.
- I recognize that although FMTC is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my 403(b) account 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:

[Signature]

Date:

[Date]