

2. Beneficiary Designation

Use Complex/Customized Beneficiary Designation Instructions provided to be used in lieu of completing the Primary and Contingency Beneficiary sections. See important information on page 3.

Primary Beneficiaries *The primary beneficiaries will receive payment of any assets that are in this account upon your death.*

For each beneficiary listing, check one and provide all required information.

Electing "Per Stirpes" indicates that if the specified beneficiary(ies) predeceases you, his or her share of the account will pass through to his or her descendants.

Any attachments for additional beneficiaries must include your account number and your signature, and must be dated.

| | | | | |
|-------------------------------------|---|------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Spouse | Beneficiary Name | | | <input type="checkbox"/> Per Stirpes |
| <input type="checkbox"/> Non-Spouse | <input type="checkbox"/> SSN <input type="checkbox"/> TIN | Social Security/Taxpayer ID Number | Date of Birth/Trust MM DD YYYY | Share Percentage |
| <input type="checkbox"/> Trust | | | | % |
| <input type="checkbox"/> Entity | | | | |

| | | | | |
|-------------------------------------|---|------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Non-Spouse | Beneficiary Name | | | <input type="checkbox"/> Per Stirpes |
| <input type="checkbox"/> Trust | <input type="checkbox"/> SSN <input type="checkbox"/> TIN | Social Security/Taxpayer ID Number | Date of Birth/Trust MM DD YYYY | Share Percentage |
| <input type="checkbox"/> Entity | | | | % |

| | | | | |
|-------------------------------------|---|------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Non-Spouse | Beneficiary Name | | | <input type="checkbox"/> Per Stirpes |
| <input type="checkbox"/> Trust | <input type="checkbox"/> SSN <input type="checkbox"/> TIN | Social Security/Taxpayer ID Number | Date of Birth/Trust MM DD YYYY | Share Percentage |
| <input type="checkbox"/> Entity | | | | % |

| | | | | |
|-------------------------------------|---|------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Non-Spouse | Beneficiary Name | | | <input type="checkbox"/> Per Stirpes |
| <input type="checkbox"/> Trust | <input type="checkbox"/> SSN <input type="checkbox"/> TIN | Social Security/Taxpayer ID Number | Date of Birth/Trust MM DD YYYY | Share Percentage |
| <input type="checkbox"/> Entity | | | | % |

Share percentage total must equal 100%. Must be in percentages; do not use dollar amounts.

Total Share Percentage from this sheet plus any additional sheets must total 100% in the Grand Total field.

| | |
|--------------------------|-------------|
| Total Share % this sheet | GRAND TOTAL |
| % | % |

Contingent Beneficiaries *Contingent beneficiaries will receive payment of any assets that are in this account upon your death if no primary beneficiaries survive you.*

The contingent beneficiaries listed here cannot be the same as those listed above in the primary beneficiary section.

Electing "Per Stirpes" indicates that if the specified beneficiary(ies) predeceases you, his or her share of the account will pass through to his or her descendants.

Any attachments for additional beneficiaries must include your account number and your signature, and must be dated.

| | | | | |
|-------------------------------------|---|------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Spouse | Beneficiary Name | | | <input type="checkbox"/> Per Stirpes |
| <input type="checkbox"/> Non-Spouse | <input type="checkbox"/> SSN <input type="checkbox"/> TIN | Social Security/Taxpayer ID Number | Date of Birth/Trust MM DD YYYY | Share Percentage |
| <input type="checkbox"/> Trust | | | | % |
| <input type="checkbox"/> Entity | | | | |

| | | | | |
|-------------------------------------|---|------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Non-Spouse | Beneficiary Name | | | <input type="checkbox"/> Per Stirpes |
| <input type="checkbox"/> Trust | <input type="checkbox"/> SSN <input type="checkbox"/> TIN | Social Security/Taxpayer ID Number | Date of Birth/Trust MM DD YYYY | Share Percentage |
| <input type="checkbox"/> Entity | | | | % |

| | | | | |
|-------------------------------------|---|------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Non-Spouse | Beneficiary Name | | | <input type="checkbox"/> Per Stirpes |
| <input type="checkbox"/> Trust | <input type="checkbox"/> SSN <input type="checkbox"/> TIN | Social Security/Taxpayer ID Number | Date of Birth/Trust MM DD YYYY | Share Percentage |
| <input type="checkbox"/> Entity | | | | % |

| | | | | |
|-------------------------------------|---|------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Non-Spouse | Beneficiary Name | | | <input type="checkbox"/> Per Stirpes |
| <input type="checkbox"/> Trust | <input type="checkbox"/> SSN <input type="checkbox"/> TIN | Social Security/Taxpayer ID Number | Date of Birth/Trust MM DD YYYY | Share Percentage |
| <input type="checkbox"/> Entity | | | | % |

Share percentage total must equal 100%. Must be in percentages; do not use dollar amounts.

Total Share Percentage from this sheet plus any additional sheets must total 100% in the Grand Total field.



| | |
|--------------------------|-------------|
| Total Share % this sheet | GRAND TOTAL |
| % | % |

3. Signatures and Dates *Form cannot be processed without signatures and dates.*

By signing this form, you:

- Hereby designate the party(ies) named above as primary beneficiary(ies) to receive payment of the value of your account specified above upon your death.
- Agree that the party(ies) named above as contingent beneficiary(ies) is designated to receive payment of the value of your account specified if there is no primary beneficiary living at the time of your death.
- Understand that if your account contains community property and you do not designate your spouse as your primary beneficiary for at least 50% of the value of your account, you may want to consult with your attorney or tax advisor to determine the impact of community property laws on your beneficiary designation.
- Acknowledge that if more than one party is named and no share percentages are indicated, payment shall be made to your primary beneficiary(ies) who survives you in equal shares. If a percentage is indicated and a primary beneficiary(ies) does not survive you, unless you have checked the Per Stirpes box above, the percentage of that beneficiary's(ies') designated shares shall be divided equally among the surviving primary beneficiary(ies).
- Acknowledge and agree that the beneficiary rules of succession and related terms in the applicable Custodial Agreement will apply to any transfers or distributions from the indicated accounts following your death.
- Acknowledge that, by electing "Per Stirpes," and that beneficiary does not survive the account owner, but leaves surviving descendants, any share otherwise payable to that beneficiary shall instead be paid to that beneficiary's surviving descendants by right of representation.
- Acknowledge that "Per Stirpes" creates a category of beneficiaries (for example, the children of a beneficiary), and therefore may end up including individuals not yet born or adopted.
- Acknowledge that listing beneficiaries by name does NOT create a category of beneficiaries and that if you later want to include other beneficiaries, you will need to file a new beneficiary form.
- Acknowledge and agree that Fidelity has no obligation to locate or notify any beneficiary or to independently verify any information submitted by any person claiming an interest in your account.
- Acknowledge that Fidelity reserves the right to not make any payments until at least 30 days after the original account owner's death.
- Acknowledge that if you do not properly name a beneficiary, or no beneficiary survives you, the account will be distributed or transferred, in accordance with the rules of succession in the applicable Custodial Agreement.
- Understand if you change your beneficiary designation at any time during the year, it is your responsibility to instruct Fidelity Brokerage Services LLC ("FBS"), in a Letter of Instruction, of the impact of any such changes to any previously requested Required Minimum Distribution ("RMD") calculations and that your RMD amount may increase or decrease. If you fail to do so, subsequent distributions in your payout plan may not satisfy your RMD requirements. (Consult with your tax advisor to determine how a beneficiary change may affect your RMD amount.)
- Agree that this designation becomes effective when received and accepted by FBS, agent for Fidelity Management Trust Company ("FMTC"), and Fidelity Personal Trust company ("FPTC"), custodians, and will remain in effect until FBS receives and accepts another designation with a later date.
- Affirm that the beneficiary information provided on this form replaces any prior information that may be on record for the indicated accounts.
- Acknowledge and agree that if you elect a custom beneficiary for your account you are responsible for calculating your RMD each year if the RMD calculation is based on joint life expectancy.
- Acknowledge and agree that FBS, FMTC, FPTC, and their affiliates their officers, directors, employees, agents, affiliates, shareholders, successors, assigns, and representatives have no responsibility for determining or monitoring any further use designated for any organization named as a beneficiary and no liability with respect to any future use.
- Indemnify and hold harmless FBS, FMTC, FPTC, their officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives, from any liability in connection with any action or inaction taken in connection with any beneficiary designation instructions received on this form or separate custom designation you provide.

The Owner must print name, sign, and date.

| | |
|---|---|
| Print Owner/Power of Attorney Name <i>First, M.I., Last</i> | |
| Owner/Power of Attorney Signature | Date <i>MM - DD - YYYY</i> |
|  |  |

Important Information Regarding Complex/Customized Beneficiary Designations

Subject to the requirements outlined below, if you wish to make a beneficiary designation for your account that is more complex than what can be provided on this form, you may attach a customized beneficiary designation to this form. Consult with your attorney and/or tax advisor for assistance in determining a customized beneficiary designation that is appropriate for you.

The custom beneficiary designation must:

- Include:(1) your name, (2) your account number, and (3) your dated signature.
- Include each beneficiary's: (1) name, (2) date of birth/trust OR Social Security/Tax IdentificationNumber, (3) relationship (spouse, non-spouse individual, trust, or entity), and (4) percentage of the assets to receive upon your death.
- Clearly state who/what entity will provide Fidelity with clarifying directions if questions arise regarding the identity of and/or the percentage (or amounts) of assets each beneficiary is entitled to upon your death.

Fidelity Brokerage Services LLC, Member NYSE, SIPC

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