

Beneficiaries – Fidelity Retirement Plan

Use this form to add or change the beneficiaries of your Fidelity Self-Employed 401(k), Profit Sharing, or Money Purchase Plan account(s). Do NOT use for any other type of account. Type on screen or print out and fill in using CAPITAL letters and black ink. If you need more room for information, make a copy of the relevant page.

Helpful to Know

- You may want to review this document with a tax, financial, or legal advisor.
- This form cancels any existing beneficiary information. Be sure this form includes ALL beneficiaries you want on the account(s).
- You can change beneficiaries any time at Fidelity.com/beneficiary. To add or change beneficiaries on other types of accounts, go to Fidelity.com/forms.
- If you are married, and you designate anyone other than your spouse as beneficiary, you must provide a notarized signature of your spouse in Section 5.

1. Account Owner

This phone number may be used if we have questions, but will not be used to update your account information.

| | |
|---------------|-----------|
| Name | |
| Daytime Phone | Extension |

Married Not Married

2. Accounts Included

To indicate different beneficiaries for different accounts, make copies of this form.

List all accounts you want this form to apply to.

| | | |
|---|---|---|
| Fidelity Retirement Plan Account Number | Fidelity Retirement Plan Account Number | Fidelity Retirement Plan Account Number |
|---|---|---|

3. Beneficiaries

Primary Beneficiaries

For each beneficiary you list, check a beneficiary type and provide all information, including the full first and last name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

If you outlive a beneficiary and you want that beneficiary's share to go to his or her descendants, check "Per stirpes."

| | | | | | | |
|---------------------------------------|--|---------------------------------------|--------------------------------|--------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Spouse | Name <i>If naming spouse as a beneficiary, do so here.</i> | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | <input type="checkbox"/> Per stirpes |
| <input type="checkbox"/> Non-Spouse | | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | |
| <input type="checkbox"/> Trust | | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | |
| <input type="checkbox"/> Other Entity | | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | |
| <input type="checkbox"/> Non-Spouse | Name | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | <input type="checkbox"/> Per stirpes |
| <input type="checkbox"/> Trust | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | | |
| <input type="checkbox"/> Other Entity | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | | |
| <input type="checkbox"/> Non-Spouse | Name | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | |
| <input type="checkbox"/> Trust | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | <input type="checkbox"/> Per stirpes | |
| <input type="checkbox"/> Other Entity | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | | |
| <input type="checkbox"/> Non-Spouse | Name | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | | Share Percentage % |
| <input type="checkbox"/> Trust | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | | |
| <input type="checkbox"/> Other Entity | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | <input type="checkbox"/> Per stirpes | |
| <input type="checkbox"/> Non-Spouse | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | | |
| <input type="checkbox"/> Trust | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | | |
| <input type="checkbox"/> Other Entity | Social Security or Taxpayer ID Number | | Date of Birth/Trust MM DD YYYY | Share Percentage % | | |

Total must add up to 100%. %

Beneficiaries continues on next page. >>

Contingent Beneficiaries

Contingent beneficiaries receive assets only if no primary beneficiary survives you.
Do NOT list any primary beneficiaries here.

If you outlive a beneficiary and you want that beneficiary's share to go to his or her descendants, check "Per stirpes."

| | | | | |
|---------------------------------------|--|--------------------------------|------------------|--------------------------------------|
| <input type="checkbox"/> Spouse | Name <i>If naming spouse as a beneficiary, do so here.</i> | | | |
| <input type="checkbox"/> Non-Spouse | Social Security or Taxpayer ID Number | Date of Birth/Trust MM DD YYYY | Share Percentage | <input type="checkbox"/> Per stirpes |
| <input type="checkbox"/> Trust | | | % | |
| <input type="checkbox"/> Other Entity | | | | |

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

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

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

Total must add up to 100%. %

4. Signature and Date *Account owner or authorized individual must sign and date.*

By signing below, you:

- Affirm that the beneficiary information provided on this form replaces any prior beneficiary information that may be on record for the indicated account(s).
- Acknowledge that, if you check "per stirpes," that any share otherwise payable to a beneficiary shall instead be paid to that beneficiary's surviving descendants by right of representation if the original beneficiary does not survive the account owner.
- 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 submit a new beneficiary form.
- 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 if you do not provide percentages, the account will be divided equally among primary or contingent beneficiaries, as applicable.
- Acknowledge that if you do not properly name a beneficiary, or no beneficiary survives you, your beneficiary will be your spouse or, if you are not married, your estate in accordance with the rules of succession in the Plan Document.
- Acknowledge that, if you are married and you designate anyone other than your spouse as beneficiary, your designation cannot be accepted without your spouse's notarized signature in Section 5.
- Agree that if your beneficiary allocation totals at least 99%, but less than 100% (e.g., 3 named beneficiaries are each assigned a 33% interest in the account), Fidelity will assign the unallocated remainder to the first named beneficiary.
- Agree that when your assets are distributed to your beneficiaries, fractional shares that cannot be distributed in accordance with your instructions will instead be given to the beneficiary receiving the largest percentage of the account's assets or, if each beneficiary is receiving an equal percentage, to the last paid beneficiary.
- Acknowledge that Fidelity has no responsibility for the application of assets distributed to beneficiaries.

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

Form continues on next page. ►►



5. Spouse's Consent Notarized signature required if spouse is not the only primary beneficiary.

By signing below, you:

- agree to the designation of the beneficiary(ies) on this form
- understand that you are allowing those beneficiary(ies) to receive assets that would otherwise be paid to you

| | |
|-------------------|-----------------|
| PRINT SPOUSE NAME | |
| | |
| SPOUSE SIGNATURE | DATE MM/DD/YYYY |
| SIGN X | X |

Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

Notice to CA Residents: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Certificate of Acknowledgement of Notary Public Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.

State of _____, in the County of _____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on ____/____/____.

| | |
|-------------------|-----------------|
| PRINT NOTARY NAME | |
| | |
| NOTARY SIGNATURE | DATE MM/DD/YYYY |
| SIGN X | X |

▼ NOTARY SEAL / STAMP ▼

My commission expires ____/____/____.

Did you sign the form? Send the ENTIRE form to Fidelity. You will receive a "Revised Account Profile" confirming your updates.

Questions? Go to [Fidelity.com/beneficiary](https://www.fidelity.com/beneficiary) 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

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