

Fidelity Advisor Financial Representative Appointment or Change

Shareholders/Plan Sponsors: Use this form to change or appoint the Financial Representative who is authorized to act as your agent for your Fidelity Advisor account(s).

Type on screen or fill in using CAPITAL letters and black ink.

Helpful to Know

- You must provide the information required in Sections 1, 2, and 4 (if applicable) and sign the form in the space provided in Section 5.
- Send this form to your Financial Representative to complete Section 3.
- If the Financial Representative is changing for all underlying employee accounts within a FA SIMPLE IRA,

each plan participant must complete and sign a separate form.

• If the Financial Representative is changing for the SIMPLE employer plan, an authorized company signer must complete the SIMPLE Plan Sponsor boxes in Section 1 and sign this form.

1. Owner/Plan Sponsor

| Provide your information along with the accounts to which the Financial | Name First, M.I., Last | SSN | | | | | |
|--|--|---|-------|-----------------------|--|--|--|
| | | | | | | | |
| | Date of Birth MM DD YYYY | Daytime Phone | Email | | | | |
| Representative change should apply. | | | | | | | |
| 11.5 | List all accounts this appointment shall apply to. | | | | | | |
| | Account Number 1 | Account Number 2 | Accou | nt Number 3 | | | |
| | | | | | | | |
| | | | | | | | |
| SIMPLE Plan Employer only: If applicable, SIMPLE Plan Sponsors | For SIMPLE Plan Sponsor | Employer Name <i>i.e., Company Name</i> | | Plan or Group Number* | | | |
| | use only. | | | | | | |
| should complete these additional fields. | | | | | | | |

* Authorized Company Signature from the Plan Sponsor or Plan Authorized Signer or President (or Owner) of the company is required to change the Financial Representative on a Simple Plan.

2. Financial Representative Being Appointed

You are required to appoint a Financial Representative as agent for you on your Fidelity Advisor account to execute investment and other instructions made by you or on your behalf.

| | Dealer Number | Branch N | Number | Firm Nar | net | | | | |
|---|---|----------|-----------------------|----------|---------------|---------------|-----------|---------|--|
| your Financial | | | | | | | | | |
| Representative. | | | | | | | | | |
| | Representative Number | | Representative CRD Nu | mber | Name First, M | 1.I., Last | | | |
| Representative CRD Number is optional. | | | | | | | | | |
| | Branch Mailing Address | · · · | | · | • | | | Suite | |
| | | | | | | | | | |
| | | | | | | | | | |
| | City | | | | | State | Zip/Posta | al Code | |
| | | | | | | | | | |
| | Phone | | Fax | | | Representativ | e Email | | |
| | | | | | | · | | | |
| | † If your firm utilizes an external clearing house, indicate the name of the clearing firm here: | | | | | | | | |
| | Clearing Firm Name | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

3. Financial Representative Signature and Date

Form cannot be processed without signature and date.

| Financial Representative: Complete this section and return the completed form to Fidelity. Note: The information in this section is only applicable to Fidelity Advisor IRA and Fidelity Advisor 403(b) account holders. | The firm named in Section 2 above hereby accepts its appointment as agent of the Fidelity Advisor IRA account owner and/or Fidelity Advisor 403(b) account owner named in Section 1 of this form (and the Fidelity Advisor IRA and/or Fidelity Advisor 403(b) account owner's beneficiary(ies)), and with respect to the Fidelity Advisor IRA and/or Fidelity Advisor 403(b) account owner's beneficiary(ies)), and with respect to the Fidelity Advisor IRA and/or Fidelity Advisor 403(b) account(s) specified in Section 1, to execute investment and other directions made by or on behalf of the account owner specified in Section 1, and for such purposes as more fully described in the applicable Fidelity Advisor IRA and/or 403(b) – Custodial Agreements. The firm acknowledges and agrees that the acceptance of this appointment pursuant to this Fidelity Advisor – Financial Representative Appointment Form shall be effective (i) upon delivery by the firm of an instruction, or inquiry to the Custodian with respect to the above referenced account or (ii) upon the firm's receip of compensation paid by the company with respect to the above referenced account or (iii) as indicated by the authorized firm signature below, and upon receipt of this form in good order by the Custodian of the Fidelity Advisor IRA and/or Fidelity Advisor 403(b) (Fidelity Management Trust Company (FMTC) or its successor(s)), as this Custodian shall solely determine. | | | | |
|---|--|-------|---------------------|--|--|
| | Print Authorized Signatory Name First, M.I., Last | Title | | | |
| | Authorized Firm Signature | | Date MM - DD - YYYY | | |
| | SIGN | | | | |

FOR FIDELITY ADVISOR IRAs ONLY:

4. Phone and Electronic Distribution Requests

Your Financial Representative is also authorized to provide tax withholding elections for such distributions on your behalf. Any distributions and tax withholding elections requested by your Financial Representative are treated as if requested by you, and may not be adjusted or cancelled after the distribution is processed. **IMPORTANT:** You and your Financial Representative can request, electronically or by phone, taxable and reportable distributions from all IRAs for the shareholder in Section 1. If you do not want FIIOC to accept distribution requests from your Financial Representative, check the box.

□ I DO NOT want FIIOC to accept distribution requests by phone or by electronic means from a representative of the Financial Representative firm for any of the account(s) indicated in Section 1.

5. Signature and Date Form cannot be processed without signature and date.

I hereby appoint the firm named in Section 2, or its successor firm, as agent for the Fidelity Advisor IRA or Simple IRA Employer Plan specified in Section 1 to execute investment and other instructions made by me on my behalf, and for such other purposes as set forth in the applicable Custodial Agreement. I acknowledge and agree that the firm so designated in this section (or any successor thereto) accepts such appointment (i) upon delivery by the firm of an instruction, direction, or inquiry to the Custodian with respect to the above referenced account, (ii) upon the firm's receipt of compensation paid by the company with respect to the above referenced account, or (iii) as indicated by the authorized firm signature above.

 Print Plan Sponsor/Shareholder Name First, M.I., Last

 Plan Sponsor/Shareholder Signature

 Date MM - DD - YYYY

Did you print and sign the form, and attach any necessary documents? Send the form and any necessary documents to Fidelity.

Questions? Call 800-522-7297 any day the New York Stock Exchange is open for help completing this form.

Regular mail

Fidelity Investments Institutional Operations Company LLC (FIIOC) P.O. Box 770002 Cincinnati, OH 45277-0086

Overnight mail

Fidelity Investments Institutional Operations Company LLC (FIIOC) 100 Crosby Parkway KC1G Covington, KY 41015

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