Fidelity Investments 403(b) Beneficiary Designation

1. GENERAL INSTRUCTIONS

This form is for plans that DO NOT require spousal consent for a beneficiary designation.

Please complete this form and sign it on the back. In the future, you may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity.

Mailing instructions:

Return this form in the enclosed postage-paid envelope or to

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

If you wish to send your form via overnight service, please send it to

Fidelity Investments, Mailzone KC1E, 100 Crosby Parkway, Covington, KY 41015

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

2. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to two primary and two contingent beneficiaries. To assign additional beneficiaries, or to make 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.

Unless otherwise specified by your plan, 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.

3. AUTHORIZATION

Please provide your signature.

Fidelity Investments Institutional Operations Company, Inc.



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Fidelity Investments 403(b) Beneficiary Designation 1. YOUR INFORMATION

Please use a black pen and print clearly in CAPITAL LE	TTERS.					
Social Security #:	Date of Birth:					
First Name:						
Last Name:						
Mailing Address:						
Address Line 2:						
City:	State:					
Zip:						
Daytime Phone:	Evening Phone:					
Name of Employer:	Plan Number (if known):					
I am: Single OR Married Nam	ne of Site/Division:					
2. DESIGNATII	NG YOUR BENEFICIARY(IES)					
Please check here if you have more than	two primary or contingent beneficiaries.					
Primary Beneficiary(ies) I hereby designate the person(s) named below as primary the plan upon my death.	y beneficiary(ies) to receive payment of the value of my account(s) under					
1. Individual or Trust Name:	Percentage: %					
Social Security #:	Trust ID #:					
Date of Birth or Trust Date:	Relationship to Applicant:					
	Spouse OR Trust OR Other					
2. Individual or Trust Name:	Percentage: %					
Social Security #:	Trust ID #:					
Date of Birth or Trust Date:	Relationship to Applicant:					
	Relationship to Applicant:					

2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

Contingent Beneficiary(ies)

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(ies) listed below. **Please note:** Your primary beneficiary cannot be your contingent beneficiary.

1. Individual or Trus	or Trust Name:					Percentage:		%
Social Security #:			Trust	ID #:				
Date of Birth or Ti	rust Date:	Relationship	o to Ap	plicant:				
		Spouse	OR	Trust	OR	Other		
2. Individual or Trus	st Name:					Percentage:		%
Social Security #:			Trust	ID #:				
Date of Birth or Ti	rust Date:	Relationship to Applicant:						
		Spouse	OR	Trust	OR	Other	Total = 10	0%
Payment to continger	nt beneficiary(ies) will be made acco	ording to the 1	ules of	succession	descr	ibed in the instruc	tions.	
	3. SIGNATU	RE AND	AUT	HORIZA	ΓΙΟΝ			
 I am aware that the effect until I deliver I am aware that the for which Fidelity Maccounts or trust ag 	alties of perjury that my Social Secu beneficiary information included in another completed and signed Ben beneficiary information provided he Management Trust Company (FMTC) greement in effect between FMTC ar ation(s) I have made on any of my A	n this form be neficiary Desig erein shall app () (or its affilia nd my Employ	comes nation bly to a tes and	effective wl Form to Fi ll my Fideli /or any suc	hen de delity ty Acc cessor	livered to Fidelity with a later date. ounts under the pl appointed pursua	lan listed in S	Section 1 ms of such
Your Signature:				Dat	e:			



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