

New Fidelity Account® — SIMPLE IRA

Use this application to open a SIMPLE IRA. Do NOT use this form for Traditional, Rollover, Roth, SEP or Inherited IRAs, or to open a SIMPLE IRA for a minor or a ward. Type on screen or print out and fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

Important to Understand

By signing this application, you acknowledge that:

- Fidelity Brokerage Services LLC ("FBS") will perform brokerage and administrative services.
- National Financial Services LLC ("NFS") will maintain the assets in a brokerage account and provide administrative services.
- Fidelity Management Trust Company ("FMTC") will act as IRA Custodian.
- FBS, NFS, and FMTC are together herein referred to as "Fidelity."
- Important documents related to your account include the Fidelity SIMPLE IRA Custodial Agreement ("Custodial Agreement"), the

Fidelity Brokerage Retirement Customer Account Agreement and Disclosure Statement ("Customer Agreement"), and other relevant information delivered from time to time.

Helpful to Know

Regarding this account:

- Fidelity's Savings Investment Match Plan for Employees (SIMPLE IRA) is for self-employed individuals and small businesses with 100 or fewer employees.
- For additional information or for help filling out this application, please call a Fidelity Representative at 800-544-5373.

1. Account Owner

Enter full first and last name as evidenced by a government-issued, unexpired document (e.g., drivers license, passport permanent resident card).

Mobile phone number and email are required for account security, transactional alerts, and delivery of other communications.

First Name	Middle Name	Last Name
Taxpayer ID Number		
Required		
<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> ITIN		
Date of Birth MM DD YYYY		
Mobile Phone	Secondary Phone	
Email		

By signing this account application, you agree to conduct business with Fidelity electronically and to the electronic delivery of all account-related documents and communications. You consent to Fidelity's use of your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. For help with texts, reply HELP. To opt out of texts, reply STOP. You may also update your contact information at any time through your profile on [Fidelity.com](https://www.fidelity.com). Please look for an email to confirm your information and the terms of this consent.

Residential Address (where you live) This is your legal address used for tax reporting.

Street Address		
City		
State	ZIP Code	

Mailing Address May be a PO box, drop box, or c/o location

☐ Same as legal/residential address ▶ Default if no other information indicated below.

Mailing Address		
City		
State	ZIP Code	

Account Owner continues on next page. ▶▶

Citizenship

Indicate your citizenship status. ►

☐ U.S. citizen

☐ Foreign citizen *Information in this box must be completed.*

Country of Citizenship

Choose one. ►

☐ Permanent U.S. resident

☐ Nonpermanent U.S. resident

☐ Nonresident of U.S.

Government Identification Number

ID Number

Country of Issuance

ID Issuance Date MM DD YYYY

ID Expiration Date MM DD YYYY

☐ Passport Number

☐ Permanent Resident Identifier

☐ Other Government-Issued ID Number

Unexpired ID must include reference number and photo. Attach copy of ID.

Employment

Check one and provide information. Industry regulations require us to ask for this information.

Ask employer for this number (required to set up your account). ►

☐ Employed: ☐ Self-employed:

Occupation	Employer <i>Leave blank if self-employed.</i>		
Employer Taxpayer I.D. Number <i>NOT an SSN</i>	Employer Address		
City	State/Province	ZIP/Postal Code	Country

Check here if you are employed/associated with a Registered Investment Adviser ☐

Check here if you are employed/associated with a Broker-Dealer ☐

Associations

As a person associated with a member firm, you are obligated to receive consent from that firm.

Fidelity has existing consent agreements with many firms for their employees to maintain accounts with Fidelity and to deliver transactional data. If your firm is not one of them, Fidelity will attempt to contact your firm's compliance office. ►

If you are employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), a municipal securities dealer, or other financial institution, or are the spouse or an immediate family member residing in the same household of someone who meets the aforementioned employment criteria, provide the company's name and address below. Information (including duplicate copies of confirmations and statements for this account, and any accounts you choose to have on a consolidated statement) will be sent to the associated person's employer for purposes of compliance review.

Company Name			
Company Address			
City	State/Province	ZIP/Postal Code	Country

Affiliations

If you, your spouse, or any of your relatives (including parents, in-laws, and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, a 10% shareholder, or a policy-making officer of a publicly traded company (an "Affiliate"), you must provide the information below. If there are more than two Affiliates, make a copy of this section.

Affiliate's Company Name	Trading Symbol or CUSIP
Affiliate's Company Name	Trading Symbol or CUSIP

Form continues on next page. ►►

2. Core Position

Any cash balances awaiting your further instruction will be swept into the Fidelity Government Money Market Fund (SPAXX) (referred to as your "Core Position"). There may be other options available for your Core Position. If so, you can change your Core Position to one of these other options after your account is opened.

3. Contribution Allocation

If you want your contributions automatically invested in one or more mutual funds, provide information below.

Many mutual funds allow for the contribution of SIMPLE plans. To determine if a SIMPLE plan can invest in a specific fund, search for the fund on Fidelity.com and review the Fees and Distributions tab.

Fund Symbol	Fund Name/Company	% of Contributions Min. 10%.
Fund Symbol	Fund Name/Company	% of Contributions Min. 10%.
Fund Symbol	Fund Name/Company	% of Contributions Min. 10%.
Fund Symbol	Fund Name/Company	% of Contributions Min. 10%.
Fund Symbol	Fund Name/Company	% of Contributions Min. 10%.
Fund Symbol	Fund Name/Company	% of Contributions Min. 10%.

Total must add up to 100%.

4. Beneficiaries

You may want to review this document with a tax, financial, or legal advisor. Designating beneficiaries is optional. However, leaving this section blank will indicate that no beneficiary is named by you for this account and that upon your death, payment will be made according to the rules of succession as outlined in the Fidelity SIMPLE IRA Custodial Agreement. You can add or change beneficiaries any time at [Fidelity.com/beneficiary](https://www.fidelity.com/beneficiary).

Copy Beneficiaries from Another Fidelity IRA Account

Available ONLY if you want to copy the current beneficiary designation(s) from an existing Fidelity IRA that does NOT have customized beneficiaries.

- ☐ Designate the SAME beneficiaries and percentages on this account(s) as are currently designated for:

Fidelity IRA Account Number

▶ Skip to "Dates and Signatures."

Beneficiaries continues on next page. ▶▶

Primary Beneficiaries

For each beneficiary you list by name, check a beneficiary type and provide all information.

If you outlive a beneficiary and you want that beneficiary's share to go to each of his or her descendants by right of representation, check "per stirpes."

- ☐ Spouse
☐ Non-Spouse
☐ Trust
☐ Other Entity

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

☐ Per stirpes

- ☐ Non-Spouse
☐ Trust
☐ Other Entity

Name		
Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage

☐ Per stirpes

- ☐ Non-Spouse
☐ Trust
☐ Other Entity

Name		
Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage

☐ Per stirpes

- ☐ Non-Spouse
☐ Trust
☐ Other Entity

Name		
Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage

☐ Per stirpes

Total must add up to 100%.

Contingent Beneficiaries

Contingent beneficiaries receive assets only if no primary beneficiary survives you.

Do NOT list any primary beneficiaries here.

- ☐ Spouse
☐ Non-Spouse
☐ Trust
☐ Other Entity

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

☐ Per stirpes

- ☐ Non-Spouse
☐ Trust
☐ Other Entity

Name		
Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage

☐ Per stirpes

- ☐ Non-Spouse
☐ Trust
☐ Other Entity

Name		
Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage

☐ Per stirpes

- ☐ Non-Spouse
☐ Trust
☐ Other Entity

Name		
Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage

☐ Per stirpes

Total must add up to 100%.

Form continues on next page. ►►

5. Signature and Date Account owner (or custodian) and all authorized individuals must sign and date.

Please be sure to read all the language included on the following pages, as well as sign, date, and return your completed application, including this signature page, to Fidelity.

To help the government fight financial crimes, Federal regulation requires Fidelity to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account. Also, Federal regulation requires Fidelity to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

You acknowledge that this account is governed by a predispute arbitration clause, which appears on the last page of the Fidelity Brokerage Retirement Customer Account Agreement, and that you have read the predispute arbitration clause.

By signing below, you acknowledge that you have read, understand, and agree to be bound by the provisions of this application, including the Terms and Conditions on the next page.

PRINT OWNER NAME	
SIGN	OWNER SIGNATURE
	X
DATE	TODAY'S DATE MM/DD/YYYY
	X

592526.17.0

6. Terms and Conditions

By signing above, you:

- Adopt the Fidelity SIMPLE IRA and appoint FMTC (or its successor) as Custodian, and FBS and NFS to perform administrative services pursuant to the terms of the Fidelity SIMPLE IRA Custodial Agreement.
- Acknowledge that you received the Customer Agreement and Fidelity SIMPLE IRA Custodial Agreement and Disclosure Statement, that you have read and understand both the Customer Agreement and the Fidelity SIMPLE IRA Custodial Agreement, and that you agree to all terms and conditions on this application and in the above agreements, as these agreements may be amended from time to time.
- Acknowledge that acceptance of your application will be indicated by a Letter of Acceptance signed by, or on behalf of, Fidelity, and delivered upon the Custodian's receipt of the initial contribution.
- Acknowledge that FMTC's acceptance of its appointment as Custodian is effective upon proper completion and signature of the application, and contingent upon timely delivery of this application, as signed and properly completed, to the Custodian, notwithstanding what is stated in Article 8, Section 26, of the Fidelity SIMPLE IRA Custodial Agreement.
- Understand Fidelity may charge an annual maintenance fee and/or liquidation fee and this fee may be separately billed or collected by liquidating sufficient securities from your account. Fidelity may change the fee schedule from time to time, as provided in the Fidelity SIMPLE IRA Custodial Agreement.
- Agree to indemnify the Custodian (its agents, affiliates, successors, and employees) from any and all liability in the event that you fail to meet any IRS requirements concerning your SIMPLE IRA.
- Acknowledge that payment to beneficiaries will be made according to the rules of succession described in the applicable Fidelity SIMPLE IRA Custodial Agreement.
- Agree that upon transfer of assets due to any life event (divorce, death, etc.), and unless otherwise instructed, all residual income paid to the account and any fractional shares will be systematically allocated to the Transferee (New Asset Holder) receiving the largest share proportion of the account assets. If the account is transferred evenly, or at different intervals, the income and/or fractional shares will be systematically allocated to the last transferee paid.
- Indemnify the Custodian (its agents, affiliates, successors, and employees) from all liability in the event that you fail to meet any IRS requirements concerning your SIMPLE IRA.
- Understand that Fidelity will provide certain information about your SIMPLE IRA to your employer.
- Understand that this Fidelity SIMPLE IRA can only be established in conjunction with the Fidelity SIMPLE IRA Plan.
- Affirm that you have received and read the Schedule of Fees, that you understand this schedule may change from time to time, and that you agree to be responsible for those fees and charges that apply to your account.
- Affirm that you are at least 18 years old and of full legal age to enter into the agreements associated with this application in your state of residence.

Form continues on next page. ►►

6. Terms and Conditions

- Certify that all information provided in this application is true, accurate, and complete.
- Affirm that you have received and read the prospectus or other applicable disclosure for the Core Position, and the description of the Core Position in the Customer Agreement, including Fidelity's right to change the options available.
- Agree to the use of the Core Position specified above to hold assets pending investment, withdrawal, or other instructions.
- Understand that: (i) generally, Fidelity earns more compensation when you invest in products offered by an affiliate of Fidelity, and the compensation earned, as well as your yield, varies by product; (ii) notwithstanding any contrary provisions in any underlying account documentation, other options may be available for your Core Position after opening your account, and, if other options are available, you may select a different option by updating your Core Position on *Fidelity.com* or through a representative; and (iii) in certain circumstances, such as when Fidelity determines that you reside outside the United States, the Core Position will operate differently.
- **Understand that if your Core Position is the money market fund, you could lose money by investing in it. Although the fund seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. An investment**

in the fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Fidelity Investments and its affiliates, the fund's sponsor, have no legal obligation to provide financial support to money market funds and you should not expect that the sponsor will provide financial support to the fund at any time.

- Consent to have only one copy of Fidelity mutual fund shareholder documents, such as prospectuses and shareholder reports ("Documents"), delivered to you and any other investors sharing your address. Your Documents will be househanded indefinitely; however, you may revoke this consent at any time by contacting Fidelity at 800-343-3548 and you will begin receiving multiple copies within 30 days. As Documents for other investments become available in the future, these Documents may also be househanded in accordance with this authorization or any notice or agreement you received or entered into with Fidelity or its service providers.
- Understand that, upon an issuer's request in accordance with applicable rules and regulations, Fidelity will supply your name to issuers of any securities held in your account so you might receive any important information regarding them, unless you notify Fidelity.
- Acknowledge that you will receive a monthly account statement from Fidelity, unless there are no transactions in a particular month. In any case, you will receive a statement quarterly.

If requesting Contribution Allocation:

- Authorize Fidelity to invest all contributions as indicated in the Contribution Allocation section, understanding that Fidelity will not be liable for any loss, expense, or cost arising out of your instructions.
- Acknowledge that this authorization may be revoked only by providing written notice of revocation to Fidelity, in such time and manner as affords Fidelity reasonable opportunity to act on it.

If you are not a U.S. person:

- State that you are submitting IRS Form W-8 BEN with this application to certify your foreign status and, if applicable, to claim tax treaty benefits.

Did you sign the application and attach a check or any necessary documents? Return your completed application and any attachments to Fidelity. You will receive a "New Account Profile" confirming that your account is opened.

Questions? Go to *Fidelity.com/openaccount* or call 800-544-5373.

Regular mail
Fidelity Investments
PO Box 770001
Cincinnati, OH 45277-0002

Overnight mail
Fidelity Investments
100 Crosby Parkway KC1K
Covington, KY 41015

Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 592526.17.0 (02/23)

Trusted Contact Authorization Form

Use this form to designate a primary and alternate trusted contact, that is 18 years or older, for your Fidelity account(s). Do NOT use this form for charitable giving accounts or workplace retirement plans, such as a 401(k). Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

Helpful to Know

- To prepare yourself and your trusted contact(s) for success, consider choosing someone with whom you are comfortable discussing your health, relationships, loved ones, work, and finances. You may also want to consider selecting someone who isn't currently involved in your financial life, like a beneficiary or power of attorney, to ensure fairness and objectivity.
- This form supersedes any previous trusted contact designations that you may have submitted.
- If you are using this form for an Entity relationship (for ex: a business account), we will assign the Trusted Contact(s) to the Authorized Individual that signs this form.
- If Fidelity has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or neglect, this form authorizes us to get in touch with the trusted contact(s) and:
 - Provide the trusted contact(s) listed below with information about you and/or your account(s), including notice of a temporary hold, but does not provide him or her with the ability to transact on your account(s).
 - Inquire about your current contact information or health status.
 - Inquire about whether another person or entity has legal authority to act on your behalf (e.g., legal guardian or conservator, executor, or trustee).

1. Account Owner

First Name	Middle Name	Last Name
Social Security or Taxpayer ID Number		

2. Accounts Included

- Check only one.
- ☐ ALL eligible accounts associated with the above Social Security or Taxpayer ID Number > Skip to Section 3.
- ☐ ONLY the account(s) listed below:

Fidelity Account Number	Fidelity Account Number	Fidelity Account Number
Fidelity Account Number	Fidelity Account Number	Fidelity Account Number

3. Primary Trusted Contact *Name, email, phone, and address are all required.*

The trusted contact **MUST** be someone other than the individual listed in Section 1. Do not provide the account owner's information here.

First Name	Middle Name	Last Name
Email		Relationship to Owner (Spouse, Child, Parent, Sibling, Friend, Other)
Primary Phone	<input type="checkbox"/> Mobile Number	Secondary Phone
		<input type="checkbox"/> Mobile Number

Legal/Permanent Address

This cannot be a PO box, mail drop, or c/o.

Street Address			
City	State/Province	ZIP/Postal Code	Country

Form continues on next page. ►►

4. Alternate Trusted Contact *Name, email, phone, and address are all required.*

The trusted contact **MUST** be someone other than the individuals listed in Sections 1 and 3. Do not provide the account owner's information here.

First Name	Middle Name	Last Name	
Email		Relationship to Owner (Spouse, Child, Parent, Sibling, Friend, Other)	
Primary Phone	<input type="checkbox"/> Mobile Number	Secondary Phone	<input type="checkbox"/> Mobile Number

Legal/Permanent Address

This cannot be a PO box, mail drop, or c/o.

Street Address			
City	State/Province	ZIP/Postal Code	Country

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

By signing below, you:

- Authorize Fidelity to communicate with your trusted contact(s) and disclose information about designated accounts to address possible financial exploitation or confirm specifics about your current contact information, your health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted.
- Understand that this does not authorize your trusted contact(s) to separately access or transact on your account(s).
- Understand that you may identify multiple trusted contacts on this form, provided they are 18 years or older.
- Understand that this trusted contact designation is optional and you may withdraw it at any time by notifying Fidelity in writing to one of the business addresses listed below.
- Understand that you may change your trusted contact(s) at any time by completing a new form.
- Certify that all information provided in this form is true, accurate, and complete.
- Acknowledge that we may remove any trusted contact from any account, at any time or for any reason.

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

Did you sign the form? Send the ENTIRE form to Fidelity.

Questions? Go to Fidelity.com/trustedcontact 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

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 802990.3.0 (06/20)