

Fidelity Investments®

Beneficiary Designation Form

Qualified Plan

Instructions: Please complete this form and sign it on the back if you are opening a new account and want to designate a beneficiary or if you want to change your existing beneficiary designation on your account. In the future, you may revoke this form and designate a different beneficiary by completing and delivering another Beneficiary Designation Form to Fidelity. If you do not submit this completed form: 1) If you are married, your beneficiary will be your spouse; and 2) If you are not married, or your spouse does not survive you, your accounts will be distributed according to the provisions of your plan.

Please complete this form and return it to:

Fidelity Tax-Exempt Retirement Services, P.O. Box 770002, Cincinnati, OH 45277-0090.

Questions? Call Fidelity Investments Tax-Exempt Services Company at 1-800-343-0860, Monday through Friday, 8:00 A.M. to midnight ET.

1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

This is a: New account Change to an existing beneficiary designation

Social Security #: --

First Name & M.I.: Last Name:

Name of Current Employer/Site/Division:

Daytime Phone: -- Evening Phone: --

2. DESIGNATING YOUR BENEFICIARY(IES)

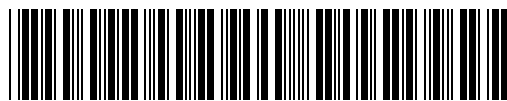
I am: Single Married

If you are married and your plan is subject to the Employee Retirement Income Security Act (ERISA) (i.e., your employer is not a government unit or church) and you do not designate that your spouse receive an amount equal to at least 50% (or a higher percentage if so provided under your employer's plan) of your vested account balance in the form of a pre-retirement survivor annuity, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan. Please check with your employer about the spousal consent and any additional beneficiary requirements specific to your plan.

If your plan is subject to ERISA, you are married and under 35 years of age, and you do not designate your spouse as your primary beneficiary for at least 50% of your account balance (as described above), this beneficiary designation becomes null and void on (a) the first day of the plan year in which you reach age 35 or (b) the date you separate from service, whichever comes first, and your spouse must complete a new spousal consent on the Beneficiary Designation Form.

You are not limited to four primary and four contingent beneficiaries. To designate additional beneficiaries, please attach and sign a separate piece of paper.

When designating beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name and address and the date the trust was created, and the trustee's name.



Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the Plan upon my death.

1. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/>	Relationship or Trustee Name:	<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/>	Relationship or Trustee Name:	<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/>	Relationship or Trustee Name:	<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
4. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/>	Relationship or Trustee Name:	<input type="text"/>	
	<input type="text"/>		<input type="text"/>	

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 my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

If there are no primary beneficiary(ies) 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.

Contingent Beneficiary(ies)

1. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/>	Relationship or Trustee Name:	<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/>	Relationship or Trustee Name:	<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/>	Relationship or Trustee Name:	<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
4. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<input type="text"/>	Relationship or Trustee Name:	<input type="text"/>	
	<input type="text"/>		<input type="text"/>	

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

3. AUTHORIZATION AND SIGNATURE

- I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver to Fidelity another completed and signed Beneficiary Designation Form at a later date.
- I certify under penalties of perjury that my Social Security number on this form is correct.
- I understand that I may designate a beneficiary for my assets accumulated under the plan and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, distributions will be based on the provisions of the plan.
- I am aware that the beneficiary information provided herein shall apply to all my accounts under the plan and shall replace all previous designation(s) I have made on any of my accounts under the plan. Note: If you are married, see Section 4 of this form for applicable consent requirements.

Your Signature: Date: --

4. SPOUSAL CONSENT

This section does not need to be completed if you are single, your spouse is your primary beneficiary for at least 50% of your vested account balance (or a higher percentage, as described in Section 2) or your plan is not subject to ERISA, as described in Section 2.

I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit, or a portion of it, to be paid to someone other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

I acknowledge that if my consent to such beneficiary designation is obtained before the first day of the plan year in which my spouse attains age 35, or the date my spouse separates from service, if earlier, such consent will become ineffective as of (a) the first day of the plan year in which my spouse attains age 35 or (b) the date my spouse separates from service, whichever comes first.

I further acknowledge that if my consent becomes ineffective due to the above described rule, I understand that I must complete a new spousal consent on the Beneficiary Designation Form in order for such beneficiary designation to become effective.

Signature of Participant's Spouse: Date: --

Notary Public or Plan Representative: Date: --

Title:

Sworn before me this day -- In the State of , County of

As Plan Administrator, I acknowledge receipt of this form.

Plan Administrator: Date: --

