



Social Security # (required) - -

Account # _____

Your Investment Advisor _____
(Name of Firm)

Premiere Select[®]

IRA Beneficiary Designation Change Form

Please complete all sections of this form to designate a beneficiary or to change a beneficiary for your Premiere Select Traditional IRA, Roth IRA, Rollover IRA, or SEP-IRA ("Premiere Select IRA") indicated above. If you are changing a beneficiary designation, the information you provide on this form will replace any previous designations you may have made for the IRA specified herein. Leaving the contingent beneficiary designation section blank constitutes an update and will result in the removal of any contingent beneficiary information you may have on file. If you have more than one Premiere Select IRA, you must complete a separate form for each IRA.

1 Account Information

Owner's First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State Zip -

Home Phone Number _____ Work Phone Number _____

Date of Birth - -

Please choose IRA type.

Traditional IRA Roth IRA Rollover IRA SEP-IRA

2 Beneficiary Designation

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my Premiere Select IRA specified above upon my death.

- Note:** 1) If you wish to designate your estate as your beneficiary, please indicate "Estate" in the Primary Beneficiary section.
- 2) If your account contains community property and you do not designate your spouse as your primary beneficiary for at least 50% of the value of your account, you may want to consult with your attorney or tax advisor to determine the impact of community property laws on your beneficiary designation.

| PRIMARY BENEFICIARIES | |
|---|---|
| 1 Name of Beneficiary or Trust _____ Name of Trustee (if applicable) _____ Share %* _____ | Birth Date or Date of Trust # <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (X) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> |
| 2 Name of Beneficiary or Trust _____ Name of Trustee (if applicable) _____ Share %* _____ | Birth Date or Date of Trust # <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (X) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> |
| 3 Name of Beneficiary or Trust _____ Name of Trustee (if applicable) _____ Share %* _____ | Birth Date or Date of Trust # <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (X) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> |

***Please note: Total of primary beneficiary's(ies)' share percentages must equal 100%. Do not use fractional percentages or dollar amounts.**

If more than one person is named and no share percentages are indicated, payment shall be made in equal shares to my primary beneficiary(ies) who survive me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, unless I have checked the Per Stirpes box below, the percentage of that beneficiary's(ies)' designated share shall be divided equally among the surviving primary beneficiary(ies). If there is no primary beneficiary living at the time of my death, I hereby specify that the balance is to be distributed to my contingent beneficiary(ies) listed on the following page.

Optional Designation (Please consult with an estate planning attorney before utilizing the Per Stirpes designation.)

Per Stirpes beneficiary designations will only be accepted for those customers who have at least \$100,000 in assets at Fidelity Brokerage Services LLC ("FBS") and National Financial Services LLC ("NFS" together with FBS "Fidelity") (includes retirement and non-retirement brokerage and mutual fund assets) and who submit a Per Stirpes beneficiary designation that is accepted by Fidelity.

Please add a **Per Stirpes**¹ stipulation to all named individuals in my Primary Beneficiary Designation.

¹**Per Stirpes.** If you check the Per Stirpes box, then you agree that if a beneficiary predeceases you his or her share of the account will pass through to his or her descendants, as construed and defined according to the laws of the Commonwealth of Massachusetts in force at the time of death of the depositor.

If you select the Per Stirpes box, complete this section. If you do not complete this section or if the contact named is unavailable or unable to act, the contact will default to the executor. If you need to update the Contact name in the future you can do so by submitting either a letter of instruction or another Premiere Select IRA Beneficiary Designation Change Form completed in its entirety.

Contact/Executor Name _____

| CONTINGENT BENEFICIARIES | |
|---|---|
| 1 Name of Beneficiary or Trust _____ Name of Trustee (if applicable) _____ Share %* _____ | Birth Date or Date of Trust # <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (X) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> |
| 2 Name of Beneficiary or Trust _____ Name of Trustee (if applicable) _____ Share %* _____ | Birth Date or Date of Trust # <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (X) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> |
| 3 Name of Beneficiary or Trust _____ Name of Trustee (if applicable) _____ Share %* _____ | Birth Date or Date of Trust # <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (X) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/> |

***Please note: Total of contingent beneficiary's(ies)' share percentages must equal 100%.
Do not use fractional percentages or dollar amounts.**

Optional Designation (Please consult with an estate planning attorney before utilizing the Per Stirpes designation.)

Per Stirpes beneficiary designations will only be accepted for those customers who have at least \$100,000 in assets at Fidelity Brokerage Services LLC ("FBS") and National Financial Services LLC ("NFS" together with FBS "Fidelity") (includes retirement and non-retirement brokerage and mutual fund assets) and who submit a Per Stirpes beneficiary designation that is accepted by Fidelity.

Please add a **Per Stirpes**² stipulation to all named individuals in my Contingent Beneficiary Designation.

²**Per Stirpes.** If you check the Per Stirpes box, then you agree that if a beneficiary predeceases you his or her share of the account will pass through to his or her descendants, as construed and defined according to the laws of the Commonwealth of Massachusetts in force at the time of death of the depositor.

I understand that payment to my contingent beneficiaries will be made according to the rules of succession described above under Primary Beneficiaries.

Please note: Any attachments for additional beneficiaries must include your account number, your signature, and the date.

3 Signature

I understand that if I have not previously designated any beneficiaries and choose not to designate any beneficiary(ies), my beneficiary for this account will be my surviving spouse, or, if I do not have a surviving spouse, my estate. I am aware that this form becomes effective when delivered to and accepted by Fidelity and will remain in effect until I deliver to Fidelity another form with a later date.

I understand that if I change my beneficiary designation at any time during the year, it is my responsibility to inform Fidelity, in a letter of instruction, of the impact of any such changes to any previously requested Minimum Required Distribution (“MRD”) calculations and that my MRD amount may increase or decrease. I further understand that if I fail to instruct Fidelity as to the impact of any beneficiary change on an MRD calculation, subsequent distributions in my payout plan may not satisfy my MRD requirements.

I understand the beneficiary information provided herein shall apply to the Premiere Select IRA indicated at the top of this form for which Fidelity Management Trust Company (or their affiliate and/or any successor Custodian appointed pursuant to the terms of such IRAs) acts as Custodian and shall replace all previous designation(s) I have made for the Premiere Select IRA indicated above.

Signature of IRA Owner _____ Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | - | D | D | - | Y | E | A | R |
|---|---|---|---|---|---|---|---|---|---|

Please mail this completed form to:

Fidelity Investments
P.O. Box 5000
Cincinnati, OH 45277-8008