

# Fidelity BrokerageLink®

## Participant Acknowledgment Form

By signing this form, I (the "Participant") hereby acknowledge that the limited trading authority conferred on the Participant by the Plan's named fiduciary shall be exercised in accordance with the following terms and conditions, as well as the terms and conditions of the Fidelity BrokerageLink® Account Terms and Conditions, and my employer's retirement benefit plan indicated in Section 1 below (the "Plan").

### Important Notice

The Plan Sponsor, Plan Administrator, and other Plan Officials (together, "Plan Officials") have not evaluated the investments available through this BrokerageLink® account option. The Plan does not and will not monitor the investments available under the brokerage account option. I understand that Fidelity BrokerageLink® is being provided solely to provide participants with additional flexibility in making their retirement plan investments. I further understand and acknowledge that: 1) the Plan does not make any representations or warranties as to the soundness of any investments available through the BrokerageLink® account option; 2) the Plan is not responsible for and will not review or monitor the investments available through BrokerageLink®; 3) the Plan is not responsible for and will not evaluate my investment choices; 4) it is my sole responsibility to determine if the investments available through BrokerageLink® are suitable for my personal retirement savings plan; 5) the Plan is not liable for any loss that may result from my investment choice(s) under BrokerageLink®; and 6) I assume all liability for losses/consequences attributable to any investment decision made in connection with my BrokerageLink® account. I understand that there may be additional fees and charges for my participation in the BrokerageLink® option, including but not limited to annual account maintenance fees, fees associated with each trade made via the BrokerageLink® option, and other fees as set and authorized by the Plan. I agree that these fees may be charged directly against my account balance.

### Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money-laundering activities, federal law requires Fidelity to verify your identity by obtaining your name, date of birth, address, and a government-issued identification number before opening your BrokerageLink® account. In certain circumstances, Fidelity may obtain and verify this information with respect to any person(s) authorized to effect transactions in an account. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your BrokerageLink® account may be restricted and/or closed if Fidelity cannot verify this information. Fidelity will not be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from any restriction placed on, or due to the closing of, your BrokerageLink® account.

### Important Information about Your Plan's BrokerageLink® Accounts

The only way to fund or make additional investments in a BrokerageLink® account is by a transfer of assets from your Plan's other investment options account. This can be accomplished by contacting your Plan's toll-free telephone number during regular Plan hours, Monday through Friday.

- Please refer to your Plan's fact sheet for specific information on minimum initial and subsequent investment requirements and restrictions when establishing the BrokerageLink® account.
- Any applicable commissions or sales charges must be included in the transfer amount, and cannot be paid separately (an IRS requirement).
- The Fidelity BrokerageLink® Commission Schedule will apply to trades placed in the BrokerageLink® account over which you have been granted limited trading authority and is subject to change.
- If you have any questions, please contact Fidelity using your Plan's toll-free number.
- If you would like to trade options in the BrokerageLink® account, a separate options application must be completed to establish this feature. Please check your Plan's Fact Sheet to see if your Plan allows for options trading.

**Please refer to your Plan's fact sheet to complete this form.**

### (1) Account Setup

**Plan information must be provided in order for your account to be set up.**

#### Plan Information:

Plan Number                      Name of Plan Trustee(s)                      Name of Plan

#### Participant Information:

Participant's Name (First Name)                      (Middle Initial) (Last Name)

SSN#                      Date of Birth

Permanent Address (no P.O. Boxes)                      City                      State                      ZIP

Mailing Address (if different from above)                      City                      State                      ZIP

Evening Phone #                      Daytime Phone #

**Citizenship:**

U.S. Citizens

U.S. Citizen and Tax Resident ► Skip to "Employment Information," below.

Foreign Citizens ONLY: Residency, Citizenship, and Government Identification  
If you are NOT a U.S. citizen, check one and provide information.

Permanent U.S. Resident

Nonpermanent U.S. Resident

Nonresident of U.S.

Country of Citizenship

Country of Tax Residency

City, State/Province, and Country of Birth

Check one and attach copy of government ID showing number and photo.

DHS Permanent Resident Card

Employment Authorization Document

Passport with U.S. Visa

U.S. Driver's License

Foreign National Identity Document

Passport without U.S. Visa

ID Number

Country of Issuance, If Not U.S.

State, If Driver's License

**Employment Information:**

This information must be provided to us in accordance with industry regulations. (If applicable, please indicate "Retired.")

Employment Status

Employed

Not Employed

Retired

Self-Employed

If you are self-employed and your business address is the same  
as your legal address, initial that you work out of your home.

Occupation

Employer's Name

Address (no P.O. Boxes)

City

State

ZIP

**Associations:**

Check this box if you are associated with, or employed by, a stock exchange or a member firm of an exchange or FINRA, a municipal securities dealer or by Fidelity. If you checked the box, obtain and attach the compliance officer's letter of approval ("407 letter") and indicate, below, the name and address of the entity with which you are associated. Failure to include an approval letter may delay the processing of your request. We must tell your employer you have applied for this account.

Check this box if your association is through your employer. (If you checked this box, you are not required to complete the following information.)

Associated Entity Name

Address

City

State

ZIP

Check this box if you are a control person or associated with (a) another member, (b) a member organization, or (c) an immediate family/household member of a control person or a person who is associated with a publicly traded company under SEC Rule 144 (this would include but is not limited to a director, 10% shareholder, policy-making officer, and members of the board of directors).

Trading Symbol

Company

## (2) Additional Information

### Dividend Reinvestment

Dividends and capital gain distributions from mutual funds held in BrokerageLink® accounts are automatically reinvested in each respective mutual fund. Dividends and interest income from individual securities held in BrokerageLink® accounts are automatically invested in the BrokerageLink® core money market mutual fund, Fidelity® Cash Reserves. Certain individual securities are eligible to participate in the Fidelity Dividend Reinvestment Program. Enrollment in this service authorizes Fidelity to automatically reinvest cash dividends and capital gain distributions paid on eligible domestic securities and closed-end funds held in BrokerageLink® accounts in additional shares of the same security. Please check the box below to participate in the Dividend Reinvestment Program. Please refer to the Fidelity BrokerageLink® Account Terms and Conditions for more information.

I would like to enroll in the Fidelity Dividend Reinvestment Program.

### Beneficiaries

Your retirement benefit plan account beneficiary designation will also apply to your BrokerageLink® account.

## (3) Signature

I hereby acknowledge the authority conferred on me, the Participant, by the Trustee of my employer's retirement benefit plan indicated in Section 1 on page 1, and as more fully described in the attached BrokerageLink® Account Terms and Conditions. I understand that Fidelity Brokerage Services LLC ("FBS") and National Financial Services LLC ("NFS") (collectively, "Fidelity") shall perform brokerage services with regard to the BrokerageLink® account over which I have been granted limited trading authority.

I understand that, upon request by the Plan Sponsor and Trustees and in accordance with applicable rules and regulations, Fidelity will supply my name to issuers of any securities held in this account so that I might receive important information regarding them unless I notify Fidelity in writing not to do so.

I understand that Fidelity may monitor or record telephone conversations with me for quality assurance purposes. I hereby consent to such monitoring and recording. I understand that this account will be invested in accordance with my instructions as given from time to time to Fidelity. I understand that it is my responsibility to read the prospectus for any mutual fund which I purchase or into which I exchange. I have read the prospectus for Fidelity Cash Reserves, the core money market mutual fund in which I am investing and which shall be used to hold assets of this account pending other investment instructions, and agree to the terms of the prospectus. I hereby choose Fidelity Cash Reserves as the money market mutual fund to be used to hold assets of this account pending other investment instructions. I understand that the attached BrokerageLink® Account Terms and Conditions of which this Acknowledgment Form is a part and their enforcement shall be governed by the laws of the Commonwealth of Massachusetts. It shall cover individually and collectively the BrokerageLink® account which I may open or reopen with Fidelity. It shall inure to the benefit of Fidelity's successors and assigns, whether by merger, consolidation, or otherwise. Fidelity may transfer this account to its successors and assigns, and the terms of this acknowledgment shall be binding upon my heirs, executors, administrators and successors.

If I have not checked the box for Associations, I represent and warrant that I am not associated with or employed by a stock exchange or a broker-dealer, nor am I a control person or associate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policy-making officer), or an immediate family or household member of such a person.

Acceptance of this BrokerageLink® Participant Acknowledgment Form will be evidenced by a Letter of Acceptance sent by, or on behalf of, FBS and NFS. By signing below, I hereby consent to the terms and conditions of the attached BrokerageLink® Account Terms and Conditions of which this Acknowledgment Form is a part.

I REPRESENT THAT I HAVE READ THE BROKERAGELINK® ACCOUNT TERMS AND CONDITIONS GOVERNING THE BROKERAGELINK® ACCOUNT FOR WHICH I HAVE BEEN GRANTED LIMITED TRADING AUTHORITY AND AGREE TO BE BOUND BY SUCH TERMS AND CONDITIONS AS CURRENTLY IN EFFECT AND AS MAY BE AMENDED FROM TIME TO TIME.

This account is governed by a predispute arbitration clause, which is located on page 10 of the attached BrokerageLink® Account Terms and Conditions. I acknowledge receipt of the predispute arbitration clause.

Participant Signature

Date

(Please keep a copy of this application as a record.)

Fidelity will complete this section.

Approving Manager's Signature

Date

Return form to:

(Express Mail Address)

Fidelity Investments  
100 Crosby Parkway  
Mailzone KC1K  
Covington, KY 41015

Fidelity Investments  
P.O. BOX 770001  
Cincinnati, OH 45277-0036

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