

Transfer/Rollover Form

Instructions: Use this form to move assets from another investment provider to a Fidelity retirement account. You may also use the form to consolidate multiple employer sponsored retirement accounts currently at Fidelity. If you do not currently have a retirement account with Fidelity, you must also complete an Account Application/Enrollment Form.

Please note: This transfer of assets does not affect any future contributions. Unless otherwise instructed by your employer, please return this transfer/rollover form in the postage-paid envelope provided or

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

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

1. YOUR INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #: -- Date of Birth: --

First Name:

Last Name:

Street Address:

Address Line 2:

City: State:

Zip:

Daytime Phone: -- Evening Phone: --

Plan Number (if known):

2. EMPLOYER PLAN RECEIVING ASSETS

Plan Name:

Address:

City: State: Zip:

Type of Plan: 403(b)(7) OR 401(k) or 401(a) OR 457(b) governmental OR 457(b) non-governmental

3. YOUR PREVIOUS INVESTMENT PROVIDER

Please provide the name and address of the investment provider from which you wish to transfer or roll over. **If you are transferring or rolling over assets from more than one investment provider, please use a separate form for each provider.** Please contact the investment provider to obtain the correct address to be used for the transfer or rollover of assets and, if necessary, obtain their form.

Name of Investment Provider:

Address:

City: State: Zip:

Vendor Phone:



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3. YOUR PREVIOUS INVESTMENT PROVIDER (CONTINUED)

Please indicate below the contract(s) or account(s) you are authorizing for liquidation, using a separate section for each contract or account number.

A. Account or contract number:

Percentage % OR Dollar Amount \$,

Type of Account to be transferred or rolled over:

403(b) OR 401(a)/401(k) OR 457(b) governmental OR 457(b) non-governmental OR IRA

If you know the type of assets you are moving, check here: Employee After tax Employer

These assets are coming from (Please check only one):

- Same Employer Plan as listed in Section 2
- Previous Employer Plan; Please list name:
- Traditional/SEP IRA
- Rollover IRA (which contains rollover assets only; no after-tax contributions)
- An eligible rollover distribution from a retirement plan that was paid directly to me. (See instructions)

B. Account or contract number:

Percentage % OR Dollar Amount \$,

Type of Account to be transferred or rolled over:

403(b) OR 401(a)/401(k) OR 457(b) governmental OR 457(b) non-governmental OR IRA

If you know the type of assets you are moving, check here: Employee After tax Employer

These assets are coming from (Please check only one):

- Same Employer Plan as listed in Section 2
- Previous Employer Plan; Please list name:
- Traditional/SEP IRA
- Rollover IRA (which contains rollover assets only; no after-tax contributions)
- An eligible rollover distribution from a retirement plan that was paid directly to me. (See instructions)

C. Account or contract number:

Percentage % OR Dollar Amount \$,

Type of Account to be transferred or rolled over:

403(b) OR 401(a)/401(k) OR 457(b) governmental OR 457(b) non-governmental OR IRA

If you know the type of assets you are moving, check here: Employee After tax Employer

These assets are coming from (Please check only one):

- Same Employer Plan as listed in Section 2
- Previous Employer Plan; Please list name:
- Traditional/SEP IRA
- Rollover IRA (which contains rollover assets only; no after-tax contributions)
- An eligible rollover distribution from a retirement plan that was paid directly to me. (See instructions)

4. ACCOUNT INSTRUCTIONS

Please indicate into which investment options you would like your assets to be invested. If no investment options are selected, or the investment options selected are not available in your plan, the assets will be allocated to your current account allocations. If a current account allocation can not be identified, your assets will be defaulted according to your plan provisions.

Please invest my assets in the following investment options (refer to the prospectus for the full name of the investment option):

Investment Options

Please use whole percentages

Fund Code:	Fund Name:	Percentage:
<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/> %
<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/> %
<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/> %
<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 460px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/> %
		Total = 100%

5. AUTHORIZATION, APPROVAL, AND ACCEPTANCE

Individual Authorization

By executing this Form

- I hereby agree to the terms and conditions stated in this Form and certify that I am requesting a rollover or transfer of my retirement plan assets in accordance with applicable IRS and plan rules.
- I certify under the penalties of perjury that my Social Security number on this form is correct.
- I acknowledge that I have read the prospectus(es) for any mutual fund in which I invest and agree to the terms.
- I hereby direct the investment provider identified on this form to liquidate the designated amount of the account(s) listed on this form, and to release the proceeds to my account under my employer's plan, except to the extent my current employer or any of my former employers prohibit such release. In the event of such prohibition, I hereby direct said investment provider to retain the nontransferable portion of my account(s) in a separate account or contract and to release the remainder.
- I hereby agree that if my assets will be sent to Fidelity in installments, the first installment will be invested according to my instructions on this form. All subsequent installment payments as well as any residual balances not received within 30 days will be invested according to my current investment elections at the time my assets are received by Fidelity.
- 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, distributions will be made according to the plan document or, if applicable, the Fidelity Investments Section 403(b)(7) Individual Custodial Account Agreement.

For 403(b)-to-403(b) transfers

- I understand that any balances I am transferring from a 403(b)(1) annuity into a 403(b)(7) custodial account will be subject to more restrictive withdrawal provisions.
- I direct Fidelity to treat all monies as employer pretax contributions made subsequent to 12/31/88 unless my prior investment provider provides Fidelity with account balances as of 12/31/88 and post-1988 salary reduction contributions.
- I direct Fidelity to treat the entire balances as subject to minimum distribution requirements unless my prior investment provider provides Fidelity with account balances as of 12/31/86.
- I direct Fidelity to allocate the entire balance to the most restrictive source in the current employer's plan unless my prior investment provider provides Fidelity with the sources of the transferred amount under the previous plan.

Your Signature:

X

Date:

□□-□□-□□□□



Please be sure to sign.



6. PLAN AUTHORIZATION

Please check with your employer to determine if you need to have this transfer/rollover approved by your employer, a trustee or a custodian. If no authorization is required, please skip this section.

I hereby certify that the employee-directed investment transfer(s)/rollover(s) identified above is(are) in accordance with the plan's provisions.

Employer OR Trustee

Authorized Signature:

X

Date:

□□-□□-□□□□

TRANSFER/ROLLOVER CHECKLIST

Here's a checklist to ensure that your request is in good order.

Please remember to:

- Complete all sections
- Indicate the amount or percent of your transfer or rollover
- Provide the Previous Investment Provider's Address
- Return this form in the enclosed postage-paid envelope OR mail to **Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090**
- Sign the form
- Obtain the Employer Signature (if required)
- Provide the Previous Investment Provider's Form (if required)

Questions ?

For questions about:

Enrolling	1-888-8ENROLL (1-888-836-7655)
Transferring workplace retirement savings assets	1-800-427-6139
Existing Fidelity accounts	1-800-343-0860

Text Telephone Service Line (TTY) 1-800-259-9743 – For callers with speech and hearing impairments, this service offers direct access to a Fidelity Retirement Services Specialist and is available Monday through Friday from 8:00 A.M. to midnight ET.

TRANSFERRING INVESTMENT PROVIDER

INFORMATION REQUESTED OF TRANSFERRING INVESTMENT PROVIDER

Please provide the following information on the check:

- FBO
- Social Security Number

Please make the check payable to **Fidelity Management Trust Company** and return it to:

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

In addition please provide the following either on the check or by separate letter:

1. For hardship distribution restriction:

- Account balance as of 12/31/88
- Post-1988 salary reduction contributions
- Post-1988 non-salary reduction contributions (e.g., employer monies)

2. For minimum distribution requirements 403(b) plan transfers:

- Account balance as of 12/31/86

3. Please provide the dollar amount or percentage of the breakdown of each money type being transferred.

- Portion of transfer — employee pre-tax
- Portion of transfer — employee after-tax
- Portion of transfer — employer matching

For Internal Use Only

Fidelity Investments hereby agrees to accept the transfer/rollover described above for deposit in the 403(b)/401(a)/401(k)/ 457(b) Account established on behalf of the individual.

Authorized Signature:

X

Date:

□□-□□-□□□□

