



Check Request Nonretirement

Use this form to request a one-time transaction via Check Disbursement.

Account Name	Account Number
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Authorized agent/Advisor

Firm Name	G Number
	G

1. Distribution Instructions

Payout Amount

Check one. Specified Amount

Amount
\$

 Entire Core Balance
 Keep Account Open
 Close Account

Future Process Date *Optional*

Consult with your Authorized agent/Advisor for further information.

Date MM DD YYYY

Note: By specifying a future process date, you are directing your Authorized agent/Advisor to schedule your one-time transaction on this specified date. If you do not specify a future process date, your Authorized agent/Advisor will execute your transaction request in accordance with standard procedures.

Payout Type

Check A or B. A. 1st Party Check *Paid and mailed to name(s) and address on record. See page 2 to request overnight delivery.*
 Use Standing Instructions on File

Line Number

B. 3rd Party Check(s) *Paid and/or mailed to an alternate name(s) and/or address. Make additional selections below if applicable.*
 Use Standing Instructions on File

Line Number

Payee details must be provided in Section 5.

Payee 1	Amount
	\$
Payee 2	Amount
	\$

2. Signatures and Dates *Form cannot be processed without signatures and dates.*

Either the Account Owner or an Authorized agent/Advisor must print name, sign, and date. By signing below, I am agreeing to the terms and conditions that are on the next page and accompany the details of my transaction where required. Each additional page also has my initials and date.

Print Account Owner Name <i>First, M.I., Last</i>	OR	Print Authorized agent/Advisor Name <i>First, M.I., Last</i>
Account Owner Signature		Authorized agent/Advisor Signature
Date MM - DD - YYYY		Date MM - DD - YYYY
SIGN ▶		SIGN ▶

continue to next page to provide details

3. Terms and Conditions

By signing this form, you:

All Owner(s)

- Understand you can elect to have the information set up as a standing instruction to use the same payee information in the future.
- Understand this form can be used by an account owner or in certain cases by an Authorized agent/Advisor that has been granted Asset Movement Authorization. Authorized agents/Advisors with proper authority can sign this form to request first-party transactions and only third-party transactions using standing instructions.
- Understand withdrawals are paid from the balance in your core account. You must ensure that there are sufficient funds in the core account to cover a disbursement request. Requests must be received by 4:00 p.m. ET for same-day processing.
- Authorize Fidelity Brokerage Services LLC ("FBS") to make transfers of amounts payable to you or the third-party payee named above.
- Authorize and request the specified bank to accept such entries from FBS, either upon the submission of this form or, if the transaction is a Remittance Transfer, after you have consented to the prepayment disclosure, which has been provided to you by telephone.
- Agree that FBS will not be liable for any loss, liability, cost, or expense for acting upon such instructions, including but not limited to any check disbursement standing instruction you authorize to be mailed to a different address than the payee listed on the check.
- Indemnify and hold harmless Fidelity and its affiliates and their respective officers, directors, employees, and agents from and against any and all losses, costs, claims or financial obligations that may arise from any act or omission of your Authorized agent/Advisor with respect to your account.
- Accept that Fidelity reserves the right, but not the obligation, to confirm your Authorized agent's/Advisor's instructions with you prior to acting on the instructions or indication of interest, as the case may be.
- Authorize and direct Fidelity to act upon the instruction of you OR your Authorized Agent/Advisor to move money pursuant to the Asset Movement Authorization granted by you from your Fidelity Brokerage account to the bank account or via check disbursement to the recipient that you designate.

Trustees only

- Certify that you have the power and authority under the trust agreement and applicable law to enter into all transactions, sales, and redemptions of mutual funds, and deliver any documents necessary to open and maintain accounts on behalf of the trust.

Authorized agent/Advisor only

- Represent that you are an authorized person of the above-named Advisor Firm, and that you are acting pursuant to the level of Asset Movement Authorization granted by the account owner(s) as defined in the applicable Brokerage Account Client Agreement.

4. Overnight Mail *optional*

Your check will be sent via regular mail unless you provide overnight mail instructions below. An \$8 fee may be charged and deducted from the transaction amount by Fidelity.

Check one. ▶ Overnight Mail Charge to:

Brokerage Account Number

Specify Carrier and Billing Account Number

Carrier Name	Overnight Carrier Account Number
Carrier Address <i>required for UPS only</i>	

5. Third-Party Payment Information

Payee 1

Information provided in the Memo field will print on the check but will not appear in the window of the envelope.

Memo <i>maximum 30 characters</i>
Check Stub Information <i>maximum 100 characters</i>

continued on next page

Account Owner

Initial	Date MM DD YYYY

5. Third-Party Payment Information *continued*

Avoid any account number or SSN that compromises a customer's identity. If needed, use the Memo and Check Stub Information fields.

Payee			
Attention <i>maximum 32 characters total including "Attn:"</i>		Care of <i>maximum 32 characters total including "C/O"</i>	
Attn:		C/O	
Address			
City		State/Province	Zip/Postal Code
Country			
Memo <i>maximum 30 characters</i>			
Check Stub Information <i>maximum 100 characters</i>			

Information provided in the Memo field will print on the check but will not appear in the window of the envelope.

Optional. Do not print address above on the check to the 3rd party. To suppress the printing of the address on the check, you must provide the Payee's state of residence (escheatment state) and select overnight mail when initiating the check request.

State

Payee 2

Information provided in the Memo field will print on the check but will not appear in the window of the envelope.

Memo <i>maximum 30 characters</i>			
Check Stub Information <i>maximum 100 characters</i>			

Avoid any account number or SSN that compromises a customer's identity. If needed, use the Memo and Check Stub Information fields.

Payee			
Attention <i>maximum 32 characters total including "Attn:"</i>		Care of <i>maximum 32 characters total including "C/O"</i>	
Attn:		C/O	
Address			
City		State/Province	Zip/Postal Code
Country			
Memo <i>maximum 30 characters</i>			
Check Stub Information <i>maximum 100 characters</i>			

Information provided in the Memo field will print on the check but will not appear in the window of the envelope.

Optional. Do not print address above on the check to the 3rd party. To suppress the printing of the address on the check, you must provide the Payee's state of residence (escheatment state) and select overnight mail when initiating the check request.

State

Account Owner

Initial	Date MM DD YYYY
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6. Advisor Attestation *for Third Party Requests*

Authorized agent/Advisor Attestation for Third-Party Disbursement Requests (this attestation must be completed for any third-party check, EFT or wire request)

Disbursements to third parties present significant potential fraud risk to advisors, their clients, and custodians. To help reduce this risk, Fidelity requests that the designated Authorized agent/Advisor provide the following representations for any instruction provided herein. Receipt of these representations does not preclude Fidelity from confirming instructions with clients prior to acting upon the instructions.

By signing below, Authorized agent/Advisor ("We") make the following representations regarding this instruction ("Instruction") We direct to Fidelity on behalf of clients ("Clients"):

- We have verbally confirmed this Instruction with Clients.
- This representation is a supplement to our Investment Advisor Representation and Indemnification Letter or Intermediary Acknowledgment Letter as applicable. We are financially responsible for losses resulting from any Instruction We forward to Fidelity on Clients' behalf. We agree to indemnify and hold harmless Fidelity and its officers, directors, employees, agents, control persons and affiliates from and against all claims, losses, damages, liabilities and expenses (including reasonable attorneys' fees) in the event that any Client or other party alleges that the Instruction We gave to Fidelity was unauthorized or exceeded the scope of our authority.

Print Designated Principal (or Designee) Name <i>First, M.I., Last</i>		Title	
Designated Principal (or Designee) Signature		Date <i>MM - DD - YYYY</i>	
SIGN ▶		▶	
Print Additional Signer Name <i>(if appropriate) First, M.I., Last</i>		Title	
Additional Signer Signature <i>(if appropriate)</i>		Date <i>MM - DD - YYYY</i>	
SIGN ▶		▶	

Sign here if your firm requires a secondary Authorized agent/Advisor to approve transactions.