



Account Number

Personal Withdrawal Service Nonretirement

Use this form to establish or change a periodic distribution plan on your nonretirement account. This form can be used by an Account Owner or an Authorized agent/Advisor that has been granted asset movement authority (herein "you" or "your"). For some transactions, standing instructions must be on file prior to submitting this request. Not available to nonresident aliens. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

Authorized agent/Advisor

Firm Name	G Number
	G

1. Account Owner(s)

Name on Account
Social Security Number/Taxpayer ID Number
X X X X X

2. Distribution Request

Type of Request

Check one. Establish a new distribution plan

Fill out ONLY sections with changes. Change an existing distribution plan

Plan Number

Authorized agent/Advisor: If you have multiple plans and are changing an existing plan, include the plan number.

Frequency and Amount of Distributions

Note: If the first payment is prior to the plan being established or pre-note being completed, the first payment will occur on the next scheduled date in the frequency indicated.

Distribution Amount:

Amount
\$.

Check one. Annually

If no election is made, payments will be made annually based on the Month and Year of First Withdrawal provided below.

Monthly

In the selected months of: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Indicate the Day of the Month Each Withdrawal Will Occur.

Day DD

If not provided, payments will be made on the 5th of the month.

Provide the Month and Year of First Withdrawal.

Month/Year MM YYYY

If not provided, payments will be made annually in December.

Provide the Month and Year of Last Withdrawal (End Date). Optional.

Month/Year MM YYYY

continued on next page



2. Distribution Request *continued*

Funding for the Periodic Distribution Requested *Payments will be made by liquidating from the selection.*

- Check one. A. Core account ONLY *Default*
 B. Core account AND all your money market mutual funds and other mutual funds proportionately
 C. Money market mutual funds and/or other mutual funds in the proportions noted below:

Use whole number percentages only. ▶

Fund Name	CUSIP or Fund Symbol	Percentage
		.0%
		.0%
		.0%

Total *Must add up to 100%*

.0%

Contingent Funding Options *Optional selection. Payments will be made by liquidating from the selection. Will be used ONLY if main source has insufficient funds.*

- Check one. A. Any money market mutual fund position
 B. Any money market mutual fund and then other mutual fund positions

3. Payment Method *Choose one.*

Cash Distribution to a Fidelity Nonretirement Account

Name	Account Number

Check Disbursement

- Check A or B. A. 1st Party Check *Paid and mailed to name and address on record.*
Make additional selections below if applicable.

- Use Standing Instructions on File
To print Memo and/or Check Stub Information

Line Number

- Establish New Standing Instructions
Account owner signature required.

Authorized agent/Advisor: *If you have multiple standing instructions, enter the line number.*

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

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

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

- Check one. ▶ Use Standing Instructions on File

Line Number

Authorized agent/Advisor: *If you have multiple standing instructions, enter the line number.*

- Alternate Instructions
Account owner signature required.

continued on next page

3. Payment Method *continued*

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

Payee		
Attention	Care of	
Address		
City	State/Province	Zip/Postal Code

Optional. Information provided in the Memo field will print on the check but will not appear in the window of the envelope. If information is provided here, new standing instructions for this payee will be established.

▶ Memo Maximum 30 characters
Check Stub Information Maximum 100 characters

Electronic Funds Transfer (EFT)

- Check A or B.
- A. 1st Party EFT All of the owners on the brokerage account are also on the bank account. You must include a copy of a voided check, a deposit slip, or bank account statement.
- B. 3rd Party EFT All of the owners on the brokerage account are not on the bank account.

Check one. ▶
If selected, complete Bank Standing Instructions.

Use Standing Instructions on File

Establish New Standing Instructions Account owner signature required.

Authorized agent/Advisor: If you have multiple standing instructions, enter the line number.

Bank Standing Instructions Complete this section if establishing new Standing Instructions.

Bank Standing Instructions allow you to move money between your brokerage account and a bank account via EFT (processed via the Automated Clearing House "ACH"). It may take 7-10 business days to establish EFT standing instructions and 2-3 business days after the date the distribution is processed for funds to reach the bank or brokerage account.

- Check one. Checking Savings

Obtain the correct routing number from the bank. ▶

Bank Routing Number	Bank Name		
Bank Account Number	Payee Name(s) Exactly as on Bank Account		
Payee Address			
City	State/Province	Zip/Postal Code	Country



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

By signing below, you:

Owner

- Authorize and request the withdrawals to be made on your account as instructed above. You agree that neither this fund, nor Fidelity Brokerage Services LLC ("FBS"), nor National Financial Services LLC (together with FBS, "Fidelity") will be liable for any loss, liability, cost, or expense for acting upon such instructions.
- Understand that you will not receive an immediate transaction confirmation for each investment and that the details of each transaction will be provided on a periodic statement sent to you no less than quarterly.
- Authorize if your account is being settled through the EFT/ACH system, you hereby request Fidelity to make payment of amounts representing the proceeds of

securities transaction(s) entered into by you or to secure payment for the cost(s) of said securities transaction(s) by initiating credit or debit entries to your account indicated in the bank named above (Bank).

- Authorize and request the Bank to accept any such credit or debit entries initiated by Fidelity to such account and to credit or debit, as requested, the same amount to such account, without responsibility for the correctness thereof or for the existence of any further authorization relating thereto.
- Understand that this authorization may be terminated by you at any time three days prior to any scheduled transaction by written notification received by both Fidelity and the bank. Any such notification shall be effective only with respect to entries initiated after receipt of such notification and a reasonable time to act on it.

- Authorize and direct Fidelity to act upon instructions from your Authorized agent/Advisor who has been authorized with Level 1 or 2 Asset Movement Authorization to establish, change or delete a periodic distribution plan, which includes the ability to move money or assets from your Fidelity account to the designated bank accounts or other brokerage accounts in accordance with instructions above, without first confirming those instructions with you directly.

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.

Either the Account Owner or an Authorized agent/Advisor that has been granted asset movement authority must print name, sign, and date. For instructions requiring account owner authorization, an account owner or trustee must sign below, or for a business account, an authorized individual signature is required.

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

5. Advisor Attestation 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.