

# New Fidelity Account®—Business

Use this application to open a business account. Do NOT use this form for retirement or omnibus (pooled) accounts. Type on screen or print out and fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

# Important to Understand

By signing this application, you acknowledge that:

- Fidelity Brokerage Services LLC ("FBS") will perform brokerage services.
- National Financial Services LLC ("NFS") will provide custody and related administrative services.
- FBS and NFS are together referred to herein as "Fidelity."
- Important documents related to your account include the Fidelity Account Customer Agreement ("Customer Agreement") and other relevant information delivered from time to time.
- In this application, "You," "you," and "your" refers to all account holders, including Authorized Individuals/Managers/Partners. Each of the account holders agrees that any account holder has authority on behalf of this account.

## Helpful to Know

Regarding this account:

Registration and Tax Classification:

- Please refer to the checklist at the end of this application for required supporting documentation and required signers. Please return ALL pages of this application, plus any additional documentation to Fidelity.
- If you need to add additional Authorized Individuals/Managers/ Partners or Beneficial Owners, please make a copy of the relevant section, and complete and return it with the completed application.
- For additional information or for help filling out this application, please call a Fidelity Representative at 800-343-3548.

# 1. Business Information

En evide

inter full entity name as	Name of Business				
denced by the relevant					
formation document					
(e.g., trust document,	Business Name/Disregarded Entity Name	If different from above.			
partnership agreement,					
ticles of incorporation).	T	D in- d	Daytime Phone	Extension	
	Taxpayer ID Number	Required	Daytime Frione	Extension	
		SSN EIN ITIN			
Response Required.	Date of Adoption of Resolutions MM DD Y	my l			
Provide date that the	Date of Magricia of Resolutions min 22 /				
resolutions in					
Section 12 were duly					
adopted by business	Indicate the state of the busin	ess:			
Response required.					
Check one.			t limited to, a holding company, personal i	nvestment company, shell	
Check one.	company, or si	mılar.			
Business/Permane	ent Address This is the legal add	dress used for tax reporting.			
	Address				
	City		State	ZIP Code	
Rusiness Mailing A	Address This may be a PO Box, d	Iron hay ar c/a location			
business ividining P	radiess This may be a 1 0 box, a	rop box, or e/o location.			
	Same as permanent address	Default if no other informatio	n indicated below.		
	Mailing Address	•			
	maining Address				
	City		State	ZIP Code	
	,				
	•		·		

Business Information continues on next page.



<b>Business Type and</b>	U.S. Federal Tax	Classification			
		ax Classification: Along ental documents as det			unt application, please provide the
Response required. Check one type only. For more about business account types, go to Fidelity.com/openaccount.	Corporation taxed as:  C Corp. S Corp.	taxed as:  C Corp. S Corp. Partnership Sole Proprietorship	Tax Exempt* taxed as: Corporation Unincorporated Exempt Payee Code†	Business	<ul> <li>□ Partnership</li> <li>□ Investment Club</li> <li>□ Unincorporated Business (not for LLCs)</li> <li>□ Sole Proprietorship<sup>‡</sup></li> </ul>
	For corporations	only.			
<b>Response required.</b> Check one.	†For a list of application	organizations and nonp	Backup Withholding Ex		es document at the end of this application.
Municipal Entity					
	No  Yes ▷ If Yes, pl  State or lo  Board of e  Commissio  Public sche  Public hos  Other pub	on or agency ool, college, or univers pital or health care org	ity	ate or local go	veriment:
State/Country of C	Organization				
	State/Country of Organ	nization <sup>s</sup> gn tax status must subm		U.S. Oth	er:
Government ID (fo			it a completed ins For	II VV-O WILI UIIS	з аррпсацоп.
Attach a photocopy of a valid and unexpired document with evidence of the reference number.	Government-issued Ide  Type of Document  Country of Issuance	•			

Business Information continues on next page.

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Check one. Bank Securities broker or dealer Grund (or custodian/manager of hedge fund (or custodian/manager of hedge fund (or custodian/manager of hedge fund assets)    Other:   Please specify     If you are a domestic financial institution    Name of Government Agency that Serves as Primary Regulator	. Business Informa	ŕ		
		☐ Bank ☐ Trust company  If you are a dome	Investment company (or other passive investment vehicle) Insurance company estic financial institution	(or custodian/manager of hedge fund assets) Other:

2. Authorized Individual/Manager/Partner Required to be completed for each Authorized Individual/Manager/Partner. Please review checklist at the end of this application for requirements.

To list up to seven Authorized Individuals/Managers/Partners on this account, provide the information below for each Authorized Individual/ Manager/Partner. Each individual named is fully authorized to open a brokerage account in the name of the business identified in Section 1, to place orders on the account, and to execute any instrument incidental to such account (such as applying for margin or options), to act in a

sole capacity in these r	regards, and to act on behalf for more than one individual	of the business as may be mo	re fully described ir	n the Customer Agreement. If you nee " refers to the person whose personal	ed
Check all that apply.	significant responsibility Operating Officer, Man This account requires t	y for managing the entity (e.g., aging Member, General Partne that there be at least one Co	, a Chief Executive er, President, Vice F ntrol Person name	s defined as an individual person with Officer, Chief Financial Officer, Chief President, or Treasurer). ed. If the Control Person is not an ormation MUST be provided in Sectio	
		ore of the equity interests of th		fined as any individual who owns, dire tic operating entities, or 10% or greate	
Enter full first and last	First Name	Middle Name	Last Name		
name as evidenced by a government-issued,					
unexpired document (e.g.,	Control Person Title Required (e.g.,	President, General Partner).			
driver's license, passport, permanent resident card).					
, , , , , , , , , , , , , , , , , , ,	Taxpayer ID Number	Required		Date of Birth MM DD YYYY	
		SSN EIN	☐ ITIN		
Mobile phone number	Mobile Phone	Secondary Phone			

and email are required for account security, transactional alerts, and delivery of other communications.

By signing this account application, you agree to conduct business with Fidelity electronically and to the electronic delivery of all account-related documents and communications. You consent to Fidelity's use of your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. For help with texts, reply HELP. To opt out of texts, reply STOP. You may also update your contact information at any time through your profile on Fidelity.com. Please look for an email to confirm your information and the terms of this consent.

Residential Address (where you live) This is your legal address used for tax reporting.

Street Address		
City	State	ZIP Code

Authorized Individual/Manager/Partner continues on next page.

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Mailing Address Th	nis may be a PO Box, drop box, or o	c/o location.				
	☐ Same as above					
	Mailing Address					
	City				State	ZIP Code
Citizenship						
	U.S. citizen Do not complet	te the fields below. Ski	p to Income :	Source.		
Indicate your  citizenship status.	Foreign citizen Information					
Choose one.	Permanent U.S. resident	☐ Nonpermanent U.S	. resident	☐ Nonresiden	t of U.S.	
	Government Identification Nu	mber				
	ID Number		Country o	f Issuance		
Unexpired ID must include reference number and photo. Attach copy of ID.		Expiration Date MM DD YYYY  nanent Resident Identif	fier Oth	ner Governmen	t-Issued IC	) Number
Income Source						
Check one and provide information. Industry regulations require us to ask for this information.	Employed: Self-employ	red:	Employer	Leave blank if self-o	employed.	
triis iriiormation.	Employer Address					
	City	State/Province	ZIP/Postal	Code Cou	intry	
	Retired: Not employed  Source of Income Pension, investment  Check here if you are employed/	nts, spouse, etc.	stered Invest	ment Adviser 「	7	
	Check here if you are employed/	=	_	TICHT AGVISET E	_	
Associations	, , ,					
As a person associated with a member firm, you are obligated to receive consent from that firm. Fidelity has existing consent agreements	If you are employed by or associal Industry Regulatory Authority (FIN an immediate family member resicriteria, provide the company's na statements for this account, and a associated person's employer for	NRA), a municipal securi ding in the same house ame and address below any accounts you choos	ties dealer, or shold of some . Information e to have on	other financial one who meets (including dupli	institution the afore cate copie	, or are the spouse or mentioned employment es of confirmations and
with many firms for their employees to maintain accounts with Fidelity and to deliver transactional data. If your firm is not one	Company Address					
of them, Fidelity will attempt to contact your irm's compliance office.	City		State/Province	ZIP/Postal Code	Country	,

Authorized Individual/Manager/Partner continues on next page.

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#### **Affiliations**

If you, your spouse, or any of your relatives (including parents, in-laws, and/or dependents, etc.), living
in your home (at the same address), is a member of the board of directors, a 10% shareholder, or a
policy-making officer of a publicly traded company (an "Affiliate"), you must provide the information
below. If there are more than two Affiliates, make a copy of this section.

Affiliate's Company Name	Trading Symbol or CUSIP
Affiliate's Company Name	Trading Symbol or CUSIP

# **3. Additional Authorized Individual/Manager/Partner** Please review checklist at the end of this application for requirements.

Provide the following information for each additional Authorized Individual/Manager/Partner. Each individual named is fully authorized to open a brokerage account in the name of the business identified in Section 1, to place orders on the account, and to execute any instrument incidental to such account (such as applying for margin or options), to act in a sole capacity in these regards, and to act on behalf of the business as may be more fully described in the Customer Agreement. In this Section 3, "you" refers to the person whose personal information is provided. If you need to provide information for more than two individuals, make a copy of this section (pages 5 and 6). For each individual beyond the seventh, complete an Account Authority form.

		Operating Officer, Manag This account requires tha	ing Member, General Partner, at there be at least one Cont	Chief Executive Officer, Chief Financial Officer, Chief President, Vice President, or Treasurer).  Irol Person named. If the Control Person is not an ht, his or her information MUST be provided in Section 8.
	[		of the equity interests of the	ntity Owner is defined as any individual who owns, directly entity for domestic operating entities, or 10% or greater
Enter full first and last		First Name	Middle Name	Last Name
: 1 11				

name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

Check all that apply.

Mobile phone number and email are required for account security, transactional alerts, and delivery of other communications.

•	First Name	Middle Name	Last Name	
	Control Person Title <b>Required</b> (e.g., Pres	ident, General Partner).		
	Taxpayer ID Number	Required	Date of Birth MM DD YYYY	
		☐ SSN ☐ EIN	□ ITIN	
>	Mobile Phone	Secondary Phone		
	Email			

Li This individual is the Control Person for the business. A Control Person is defined as an individual person with

By signing this account application, you agree to conduct business with Fidelity electronically and to the electronic delivery of all account-related documents and communications. You consent to Fidelity's use of your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. For help with texts, reply HELP. To opt out of texts, reply STOP. You may also update your contact information at any time through your profile on *Fidelity.com*. Please look for an email to confirm your information and the terms of this consent.

#### Residential Address (where you live) This is your legal address used for tax reporting.

Street Address		
City	State	ZIP Code

## Mailing Address This may be a PO Box, drop box, or c/o location.

Same as above					
Mailing Address					
City	State	ZIP Code			

Additional Authorized Individual/Manager/Partner continues on next page.

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Citizenship								
		U.S. citizen Do not complete	e the fi	elds below. Skip	to Income	Source.		
Indicate your citizenship status.		Foreign citizen Information in	n this b	ox must be con	npleted.			
,		Country of Citizenship			,			
Choose one.		Permanent U.S. resident	□ Non	permanent U.S	resident	☐ Nonres	sident o	of U.S.
	Go	overnment Identification Nun	nber					
	ID	Number			Country	of Issuance		
Unexpired ID		Issuance Date MM DD YYYY	Expiration	n Date MM DD YYYY				
must include reference number and photo.		issuance bute wim bb 1111	EXPITATION	Todae IVIIVI DD TTTT				
Attach copy of ID.	ᄩ	Passport Number Perm	anent l	Resident Identif	ier 🗆 O	ther Govern	ment-ls	sued ID Number
	L	- 1 rassport rumber — 1 rem	anenti	vesident identin			1116116-13	Sued ID INUITIBEI
Income Source								
Check one and provide information.	∐ E	Employed: Self-employe	ed:		Employe	er Leave blank	if salf amn	Novad
Industry regulations		Occupation			Linploye	Leave Dialik	ii seii-eiiip	noyea.
require us to ask for this information.		Employer Address						
		City		State/Province	ZIP/Post	al Code	Country	1
	Ш	Retired: Not employed: Source of Income Pension, investment		e, etc.				
	Che	eck here if you are employed/a	associat	ted with a Regis	⊐ stered Inves	tment Advis	ser 🗌	
		eck here if you are employed/a		_	_	_		
Associations								
As a person associated with a member firm, you are obligated to receive consent from that firm. Fidelity has existing consent agreements with many firms for	Indu an i crite state asso	ou are employed by or associat ustry Regulatory Authority (FINI immediate family member resic eria, provide the company's nar tements for this account, and a ociated person's employer for p	RA), a r ding in t me and ny acco	nunicipal securit the same house address below. ounts you choose	ies dealer, on hold of som Information to have or	or other fina eone who n (including	ncial ins neets th duplicat	stitution, or are the spouse or ne aforementioned employmen te copies of confirmations and
their employees to maintain accounts with	3011	Company Name						
Fidelity and to deliver	Com	npany Address						
transactional data. If your firm is not one								
of them, Fidelity will attempt to contact your	City				State/Province	ZIP/Postal Co	ode	Country
irm's compliance office.								

Additional Authorized Individual/Manager/Partner continues on next page.

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# **Affiliations**

If you, your spouse, or any of your relatives (including parents, in-laws, and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, a 10% shareholder, or a policy-making officer of a publicly traded company (an "Affiliate"), you must provide the information below. If there are more than two Affiliates, make a copy of this section.

1.5	
Affiliate's Company Name	Trading Symbol or CUSIP
Affiliate's Company Name	Trading Symbol or CUSIP

# 4. Core Position

Any cash balances awaiting your further instruction will be swept into the Fidelity Government Money Market Fund (SPAXX) (referred to as your "Core Position"). There may be other options available for your Core Position. If so, you can change your Core Position to one of these other options after your account is opened.

# 5. Funding Your Account

nitial Funding This is a	a one-time contribution.				
Check all funding options	that apply to this one-time transfer.				
	By check payable to Fidelity Brokerage Services LLC. This must be a check written by you, as third-party checks cannot be accepted.				
	Transfer from another firm > Include a completed Transfer of Assets form available at Fidelity.com/TOA.				
Your name and ► ☐ SSN must be identical on both accounts.	ransfer from your Fidelity non-retirement account: entire account value is transferred, the source account will be closed. Account features do not transfer and oust be reestablished for the new account.				
accounts.	☐ Brokerage Account				
	Your Fidelity Brokerage Account Number Amount Must be available as cash.				
	\$ OR All assets				
	☐ Mutual Fund Only Account				
	Your Fidelity Mutual Fund Only Account Number   Fidelity Fund Name				
	Dollar Amount Number of shares				
	\$ OR Transfer All Shares				

Form continues on next page.

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# 6. Ongoing Funding Options

Electronic	Funds	Transfer	(EFT)
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## See "Important Information About Electronic Funds Transfer (EFT)" at the end of this application.

EFT allows you to electronically transfer funds between your bank or other financial institution and Fidelity. This section must be completed for automatic investments from outside Fidelity. Not ready to sign up now? Log in to Fidelity.com/eft after your account has been opened to establish EFT.

You must be an owner of the account at the other financial institution. You will need to attach a voided check, deposit slip, or bank statement with the account number and all owner names preprinted on it.

> ☐ Checking Savings

#### Provide bank information below to set up the EFT feature.

	•
Owner(s) Name(s) Exactly as on Bank Accou	nt
Bank Routing/ABA Number	Bank Name
Checking or Savings Account Number	

### **Automatic Contributions**

Adding automatic contributions to your account allows you to automatically invest in eligible Fidelity and Fidelity FundsNetwork funds based on a schedule you determine. To sign up, please go to Fidelity.com/autoinvest.

#### **Income and Dividends**

All income from securities (dividends, capital gains, or sale proceeds) is automatically deposited into your account. Dividends from mutual funds are reinvested in the originating fund. To change your distributions, call Fidelity or go to Fidelity.com/updateaccountfeatures.

# 7. Account Features

Additional account features are available for your new account.	You may establish most of these	online at Fidelity.com/updateaccountfeatures.
Or, you may choose from the following:	,	•

Checkwriting

L	Establish	now-	You must	include	the Che	ckwriting	form v	vith this	applicatio	n. Go to	Fidelity.com	n/forms to
	download	d the fo	rm.								-	

Please send information to establish checkwriting in the future. Request Active Trader. To sign up later, call a trading specialist at 800-564-0211.

Trades per year 36–71 72–119 120+

☐ Send information on Automatic Investments.

# 8. Beneficial Ownership—Control Person/Entity Owner Required for all business registrations except Sole Proprietorships—Sole Proprietors can skip to Section 9.

Complete this section to provide information for the Control Person and/or Entity Owner(s) (as defined below) that are NOT already listed as an Authorized Individual/Manager/Partner in Sections 2 or 3 of this form. These individuals will not have any authority or be able to take any action on this account. If the Control Person and Entity Owner(s) are already listed as Authorized Individuals/Managers/Partners, check the first box below and skip to Section 9. If there is more than one individual, make a copy of this section for each additional individual.

## The Control Person and Entity Owner(s) are defined as:

1. Control Person: An individual with significant responsibility for managing the entity (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). This account requires that there be at least one Control Person named.

Beneficial Ownership—Control Person/Entity Owner continues on next page.

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for domestic operatin	ny individuals or entities that ow g entities, or 10% or greater for onal information and documenta	domestic nonoperating or f	foreign entities. <b>Note</b>	: If the Entity Owner is a trust or				
<b>Response required.</b> Check one.	☐ The Control Person AND Entity Owner(s) of this business have been previously listed as Authorized Individuals/Managers/Partners in this form. You agree you will notify Fidelity if or when beneficial ownership information of the entity changes. ▷ Skip to Section 9.							
	The Control Person has been listed as an Authorized Individual/Manager/Partner. There are no Entity Owners of this business. You agree you will notify Fidelity if or when beneficial ownership information of the entity changes. ▷ Skip to Section 9.							
	on this account and the in no individuals or entities the domestic operating entitie notify Fidelity if or when be	nformation is included belonat own, directly or indirectly	<b>ow.</b> If no entity owner y, 25% or more of the nestic nonoperating o	horized Individual/Manager/Partner is have been identified, there are equity interests of the entity for proforeign entities. You agree you will ages.				
Control Person/Er	tity Owner							
Check all that apply		ol Person for the business. Entity Owner of the busines	SS.					
Enter full first and last name as evidenced by a government-		Middle Name	Last Name					
issued, unexpired document	:							
e.g., driver's license, passport, permanent resident card).		ent, General Partner).						
If this Entity Owner is a trust								
or another entity, enter full entity name as evidenced by								
the relevant formation docu-		0 : 1	5.	( Did )				
ment (e.g., trust document, artnership agreement, articles		Required	of Birth MM DD YYYY					
of incorporation). Additional information and documenta-		☐ SSN ☐ EIN	☐ ITIN					
tion will be required when the								
ntity Owner is a trust or entity.								
Residential Addre	ss (where you live) This is yo	ur legal address used for tax	reporting.					
	Street Address							
	-	I		T-				
	City	State/Province	ZIP/Postal Code	Country				
Citizenship								
1. 19	U.S. citizen Do not comp	lete the fields below.						
Indicate your citizenship status.		on in this box must be comp	oleted.					
	Country of Citizenship							
Choose one.	Permanent U.S. resident	☐ Nonpermanent U.S. r	esident L Nonres	sident of U.S.				
	Government Identification I	Number						
	ID Number		Country of Issuance					
Unexpired ID must include reference	ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY						
	is locative sate initias initia							
number and photo.								
number and photo. Attach copy of ID.		armanant Recident Identifica	r Other Govern	ment-Issued ID Number				
		ermanent Resident Identifie	r Other Govern	ment-Issued ID Number				

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# 9. Account Certifications

The Certifying Officer, Manager(s), and Partner(s) hereby certify the following:

#### All Business Entities:

- The Business is duly organized and existing under the laws of the state or country indicated in Section 1, is operating under the operating document submitted with this application, and has the power to take the actions called for by the resolutions included in Section 12 at the end of this application. In addition, the Business's governing body adopted the resolutions in Section 12 at the end of this application on the date indicated in Section 1, at which a quorum of the governing body was present and acting throughout, and the resolutions are currently in full effect.
- Each Authorized Individual/Manager/ Partner named in Sections 2 and 3 has been duly appointed, and that any one of them is fully authorized, acting individually, to execute any and all instruments necessary, proper, and desirable for the purpose, including any and all documentation necessary to establish this account (which may be a margin account) in the name of said Business with Fidelity and to purchase, trade, sell (including short sales in margin accounts), assign, withdraw, transfer, and/or deliver any and all stocks, bonds, options, or any other assets or securities, listed or unlisted, and to establish checkwriting, EFT, and other account-related services in said account(s) as indicated further, that any past action in accordance herewith is hereby ratified and confirmed; and, further, that any officer of this Business is hereby authorized to certify this resolution to Fidelity. This authorization shall continue in force until revoked by the above-named Business by a written notice, addressed and delivered to Fidelity.
- Nothing in this application and the resolutions in Section 12 are contrary to any provision in the Business's organizing documents or bylaws, and you have been authorized to make this certification to Fidelity on behalf of this Business.
- Fidelity may verify all information provided in connection with this certification and account, and may obtain credit or other financial responsibility reports with respect to the Business and any Authorized Individual/Manager/Partner. All individuals who may be the subject of these reports have been notified of this possibility. Upon written request, Fidelity will provide the name and address of the credit reporting agency used.

- If applicable, the attached supporting documents are true and valid copies of the legal document currently in effect.
- Fidelity may conduct account business with any one Authorized Individual/ Manager/Partner without notice to, or approval of, any other Authorized Individual/Manager/Partner.
- These certifications will continue until Fidelity receives written notice of any change thereof.

# Corporations and Unincorporated **Businesses Only:**

- You are an officer/owner of the Business and you are authorized to make these certifications on behalf of the Business.
- In the event there are no other officers/ owners aside from those listed in Sections 2 and 3, the individual signing in Section 10 warrants and represents that in signing Section 10, you are the sole officer of, or the sole individual authorized to act on behalf of, the Business.

#### LLCs and Partnerships Only:

- The certifications with respect to the authority of each Manager/Partner to place orders on this account are made jointly and severally by all the Managers/Partners signing below, who also acknowledge that Fidelity may conduct account business with any one Manager/Partner without notice to, or approval of, any other Manager/Partner.
- The undersigned authorize Fidelity, in the event of death or retirement of any of the members of the Business, to take such proceedings, require such papers, retain such portion of, or restrict transactions in said account as Fidelity may deem advisable to protect Fidelity against any liability, penalty, or loss under any present or future law or otherwise. It is further agreed that in the event of the death or retirement of any partner of the Business, the remaining partners will immediately cause Fidelity to be notified of such fact.
- This authorization is in addition to, and in no way limits or restricts, any rights that Fidelity may have under any other agreement or agreements between Fidelity and the undersigned, or any agreement now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors, and assigns. This authorization is also a continuing one and shall remain in full force and effect until revoked by a written notice.

#### LLCs Only:

• The individual or individuals signing this application constitute all Managers authorized by agreement to transact business on behalf of the Business. If Member-Managed, the individual or individuals signing this application constitute all Members of the Business.

#### Partnerships and Investment Clubs Only

- The individual or individuals signing this application constitute all General Partners authorized by agreement to transact business on behalf of the Business. If there are no General Partners, the individual or individuals signing this application constitute all Partners of the Business.
- Agree that Fidelity may conduct account business with any one partner without notice to, or approval of, any other partner.
- Agree that if new partners are admitted to the Partnership, the undersigned will cause such new partners to adopt and be bound by this application.
- Agree that in the event of death or retirement of any of the undersigned, the survivors shall immediately give Fidelity written notice thereof, and Fidelity may, before or after receiving such notice, take such proceeding, require such papers, retain such portion of, and/or restrict transactions in the account as Fidelity may deem advisable to protect Fidelity against any liability, tax, or penalty under any present or future laws or otherwise. The estate of any of the undersigned who shall have died shall be liable, and each survivor shall continue to be jointly and severally liable, to Fidelity on the foregoing indemnity and for any debit balance or loss in said account resulting from the completion of transactions initiated prior to the receipt by Fidelity of the written notice of the death of the decedent or incurred in the liquidation of the account or the adjustment of the interests of the respective parties.

Form continues on next page.



# 10. Required Signature(s) and Date(s) Please review checklist at the end of this application for signature requirements.

Please be sure to read all the language included on the following pages, as well as sign, date and return your completed application, including this signature page, to Fidelity.

If the account holder is a U.S. person for tax purposes:

 Certify under penalties of perjury that the account holder is a U.S. person (as defined in the instructions for IRS Form W-9) and the Social Security or Taxpayer Identification Number provided is correct (or that the account holder is waiting for a number to be issued).

If the IRS has notified the account holder that the account holder is currently subject to backup withholding because the account holder failed to report all interest and dividends on the account holder's tax return, CROSS OUT all text in brackets.

- Certify under penalties of perjury that the account holder is not subject to backup withholding because any of the following applies:
  - The account holder is exempt from backup withholding.
  - The account holder has not been notified by the Internal Revenue Service (IRS) that the account holder is subject to backup withholding as a result of a failure to report all interest or dividends.
  - The IRS has notified the account holder that the account holder no longer is subject to backup withholding.
- Certify under penalties of perjury that the FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting are correct.

If the account holder is not a U.S. person for tax purposes:

 Agree to submit the applicable Form W-8BEN with this form to certify the foreign status of the account holder and, if applicable, claim tax treaty benefits.

To help the government fight financial crimes, federal regulation requires Fidelity to obtain and verify your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account. Also, federal regulation requires Fidelity to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

You acknowledge that this account is governed by a predispute arbitration clause, which appears on the last page of the Customer Agreement, and that you have read the predispute arbitration clause.

By signing below, you acknowledge that you have read, understood, and agree to be bound by the provisions of this application, including the Terms and Conditions and Resolutions for this Account following this section, and that you certify all items that apply to your type of entity and registration are true; that all information provided on this application is true, accurate, and complete; that you make all authorizations indicated; and you affirm that you are authorized to make those representations.

PRINT CERTIFYING OFFICER/MANAGER/PARTNER/AUTHORIZED INDIVIDUAL NAME

PRINT CERTIFYING OFFICER/MANAGER/PARTNER/AUTHORIZED INDIVIDUAL TITLE

OFFICER/MANAGER/PARTNER/AUTHORIZED INDIVIDUAL SIGNATURE

TODAY'S DATE MM/DD/YYYY

X

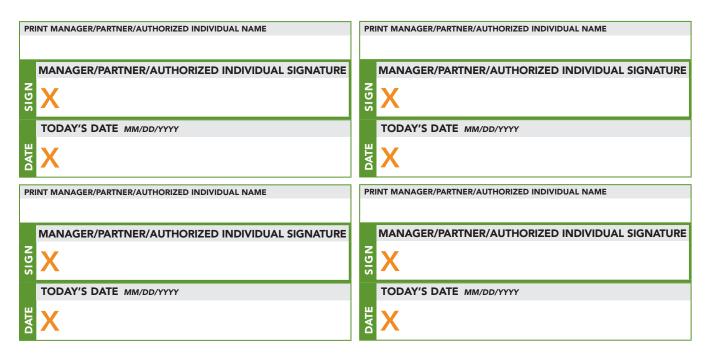
CORPORATE SEAL

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This field is required.

Required Signature(s) and Date(s) continues on next page.

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Form continues on next page.

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# 11. Terms and Conditions for This Account

By signing the previous section you:

- Affirm that you are at least 18 years old and of full legal age to enter into the agreements associated with this application in your state of residence.
- Affirm that you have received and read the prospectus or other applicable disclosure for the Core Position and the description of the Core Position in the Customer Agreement, including Fidelity's right to change the options available.
- Agree to the use of the Core Position specified above to hold assets pending investment, withdrawal, or other instructions.
- Understand that: (i) generally, Fidelity earns more compensation when you invest in products offered by an affiliate of Fidelity, and the compensation earned, as well as your yield, varies by product; (ii) notwithstanding any contrary provisions in any underlying account documentation, other options may be available for your core position after opening your account, and, if other options are available, you may select a different option by updating your Core Position on Fidelity.com or through a representative; and (iii) in certain circumstances, such as when Fidelity determines that you reside outside the United States, the Core Position will operate differently.
- Affirm that you have received, read, understood, and agree to be bound by the terms and conditions of the Customer Agreement, this Application (including if applicable the Important Information regarding Electronic Funds Transfer (EFT) and the Fee Schedule), as is currently in effect and as may be amended in the future.
- Understand that your Core Position may be a money market fund, and that you could lose money by investing in a money market fund. Although the fund seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. An investment in the fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Fidelity Investments and its affiliates, the fund's sponsor, have no legal obligation to provide financial support to money market funds, and you should not expect that the

# sponsor will provide financial support to the fund at any time.

- Consent to have only one copy of Fidelity mutual fund shareholder documents, such as prospectuses and shareholder reports ("Documents"), delivered to you and any other investors sharing your address. Your Documents will be householded indefinitely; however, you may revoke this consent at any time by contacting Fidelity at 800-343-3548 and you will begin receiving multiple copies within 30 days. As Documents for other investments become available in the future, these Documents may also be householded in accordance with this authorization or any notice or agreement you received or entered into with Fidelity or its service providers.
- Understand that, upon issuer's request in accordance with applicable rules and regulations, Fidelity will supply your name to issuers of any securities held in your account so you might receive any important information regarding them, unless you notify Fidelity.
- Hereby constitute and appoint Fidelity your true and lawful attorney to surrender for redemption any and all shares held in your account with full power of substitution in the premises, and further acknowledge that Fidelity may cease to act as agent to the above appointment after providing notice to your account's address of record.
- Certify and agree that the certifications, authorizations, and appointments in this document will continue until Fidelity receives actual written notice of any change thereof.
- Upon transfer of assets due to any life event (death, divorce, etc.), and unless otherwise instructed, all dividend/interest income paid to the Transferor (Current Asset Holder) of \$100 or less will be systematically allocated to the Transferee (New Asset Holder) receiving the largest share proportion of the account assets. If the account is transferred evenly, the dividend/interest income will be systematically allocated to the last transferee paid.
- Acknowledge that Fidelity will not be liable for any loss, expense, or cost arising out of your instructions, provided that it institutes

- reasonable procedures to prevent unauthorized transactions.
- Certify that all information provided in this application is true, accurate, and complete.
- You agree to promptly notify Fidelity if and when any beneficial ownership information changes.
- Acknowledge that you will receive a monthly account statement from Fidelity, unless there are no transactions in a particular month. In any case, you will receive a statement quarterly.
- Agree that Fidelity may verify all information provided in connection with this form and account, and may obtain credit or other financial responsibility reports with respect to the Business and any Authorized Individual/Manager/Partner and/or Authorized Entity, as applicable. Upon written request, Fidelity will provide the name and address of the credit reporting agency used.

#### If requesting EFT:

- Acknowledge that you have read and agree to the Important Information about Electronic Fund Transfer document.
- Authorize Fidelity, upon receiving instructions from you, to make payments of amounts representing redemptions by you or distributions payable to you by initiating credit or debit entries to the bank account identified in Section 6 (Bank), as indicated on the attached "voided" check or deposit slip. You authorize and request the Bank to accept such entries from Fidelity, and to credit or debit, as indicated, your account at the Bank in accordance with these entries.
- Acknowledge that this authorization may only be revoked by providing written notice of revocation to Fidelity, in such time and manner as afford Fidelity and the bank a reasonable opportunity to act upon it.
- Understand that Fidelity may purge unused EFT instructions from your account on a periodic basis without notice to you.
- Understand that Fidelity may terminate the EFT instructions from my account at any time in its sole discretion.

Form continues on next page.



# 12. Resolutions

Certified Copy of Certain Resolutions Adopted by the Governing Body of the Business Whereby the Establishment and Maintenance of Trading Accounts Have Been Authorized

RESOLVED:

FIRST: That the individual(s) listed on this application hereby are authorized and empowered, for and on behalf of this Business (herein called the "Business"), to establish, maintain, and act on this account (which may be a margin account), and each of them hereby is authorized and empowered for and on behalf of this Business, with Fidelity Brokerage Services LLC and its affiliates (collectively "Fidelity") for the purpose of purchasing, investing in, or otherwise acquiring, selling (including short sales), possessing, transferring, exchanging, or otherwise disposing of, or turning to account of, or realizing upon, and generally dealing in and with any and all forms of securities including, but not by way of limitation, shares, stocks, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, options, warrants, certificates of deposit, mortgages, evidences of indebtedness, commercial paper, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates, or otherwise.

The fullest authority at all times with respect to any such commitment or with respect to any transaction deemed by any of the said officers and/or agents to be proper in connection therewith is hereby conferred, including authority (without limiting the generality of the foregoing) to give instructions (whether oral, written, electronic, or otherwise) to Fidelity with respect to said transactions; to borrow money and securities and to borrow such money and securities from or through Fidelity, and to secure repayment thereof with the property of the Business; to bind and obligate the Business to and for the carrying out of any contract, arrangement, or transaction that shall be entered into by any such officer and/or agent for and on behalf of the Business with or through Fidelity; to pay by checks and/or drafts drawn upon the funds of the Business such sums as may be necessary in

connection with any of the said accounts; to deliver securities and contracts to Fidelity; to deliver securities to and deposit funds with Fidelity; to order the transfer or delivery of securities to any other person whatsoever, and/or to order the transfer of record of any securities, to any name selected by any of the said officers or agents; to affix the corporate seal to any documents or securities to any name selected by any of the said officers or agents; to affix the corporate seal to any documents or agreements, or otherwise; to endorse any securities and/or contracts in order to pass title thereto; to direct the sale or exercise of any rights with respect to any securities; to sign for the Business all releases, powers of attorney, and/or other documents in connection with any such account, and to agree to any terms or conditions to control any such account; to direct Fidelity to surrender any securities to the proper agent or party for the purpose of effecting any exchange or conversion, or for the purpose of deposit with any protective or similar committee, or otherwise; to accept delivery of any securities; to appoint any other person or persons to do any and all things that any of the said officers and/or agents are hereby empowered to do, and generally to do and take all action necessary in connection with the account, or considered desirable by such officer and/or agent with respect thereto.

**SECOND:** That Fidelity may deal with any and all of the persons directly or indirectly empowered by the foregoing resolution, as though they were dealing with the Business directly.

**THIRD:** That the officers of the Business be and hereby are authorized, empowered, and if requested by Fidelity, directed to certify:

- (a) a true copy of these resolutions;
- (b) specimen signatures of each and every person by these resolutions empowered;
- (c) a certificate (which, if required by Fidelity, shall be supported by an opinion of the general counsel of the Business, or

other counsel satisfactory to Fidelity) that the Business is duly organized and existing, that its operating documents empower it to transact the business by these resolutions defined, and that no limitation has been imposed upon such powers.

**FOURTH:** That Fidelity may rely upon any certification given in accordance with these resolutions, as continuing fully effective unless and until Fidelity shall receive due written notice of a change in or the rescission of the authority so evidenced and the dispatch or receipt of any other form of notice shall not constitute a waiver of this provision, nor shall the fact that any person hereby empowered ceases to be an officer of the Business or becomes an officer under some other title in any way affect the powers hereby conferred. The failure to supply any specimen signature shall not invalidate any transaction if the transaction is in accordance with authority actually granted.

FIFTH: That in the event of any change in the office or powers of persons hereby empowered, the officers of the Business shall certify such changes to Fidelity in writing in the manner herein above provided, which notification, when received, shall be adequate both to terminate the powers of the persons theretofore authorized, and to empower the persons thereby substituted.

**SIXTH:** That the foregoing resolutions and the certificates actually furnished to Fidelity by the Business pursuant thereto be and hereby are made irrevocable until written notice of the revocation thereof shall have been received by Fidelity.

**SEVENTH:** That the Business and its officers indemnify and hold Fidelity harmless from any claim, loss, expense, or other liability for effecting any transactions and acting upon any instructions given by the officers of the Business.

Form ends here.



Required supporting documentation and signatures needed to open your account:
Corporation (including corporations taxed as a C-Corp., S-Corp.)
ALL Authorized Individuals must provide his or her information in Sections 2 and 3 and must sign this application, AND a certifying officer, other than those listed in Sections 2 and 3, must sign this application, unless there are no other officers of the corporation aside from those listed.
Imprint a Corporate Seal in the space provided OR include a copy of the filed Articles of Incorporation with this application. A copy of the Articles of Incorporation is required if this is a foreign corporation.
• LLC (including LLC taxed as C-Corp., S-Corp., Partnership, or Sole Proprietorship).
ALL Managers authorized by agreement to transact business on the behalf of the LLC must provide his or her information in Sections 2 and 3 and sign this application. If Member-Managed, then all Members must sign.
Legal documentation (such as an Operating Agreement) identifying the name of the LLC, by whom the LLC is managed, and signatures, along with proof of filing with a state or foreign country.
• Partnership
ALL General Partners authorized by agreement to transact business on behalf of the Partnership must provide his or her information in Sections 2 and 3 and sign this application. If there are no General Partners, all Partners must sign.
☐ The pages from the body of the partnership document that identify the partnership name, the general partner(s), and the signature page(s) to the agreement.
• Investment Club
ALL Investment Club partners that the Investment Club wants to authorize to act on the account must provide his or her information in Sections 2 and 3, and ALL Investment Club partners listed on the supporting document, regardless of whether they will be authorized on the account, must sign this application.
☐ The pages from the body of the club agreement document that identify the club name, all club members, and the signature page(s) to the agreement.
Unincorporated Business (Including Sole Proprietorship)
ALL Authorized Individuals must provide his or her information in Sections 2 and 3 and must sign this application, AND a certifying owner or officer, other than those listed in Sections 2 and 3, must sign this application, unless there are no other owners or officers aside from those listed.
$\square$ No additional documentation is needed.
Need additional space? Make a copy of the relevant section.

 $\mbox{\sc Did}$  you sign the application and attach a check or any necessary documents?

Please return your completed application and any necessary attachments.

You will receive a "New Account Profile" confirming that your account(s) is opened.

Questions? Go to Fidelity.com/openaccount or call 800-343-3548.

Regular mail Fidelity Investments PO Box 770001 Cincinnati, OH 45277-0002 Overnight mail Fidelity Investments 100 Crosby Parkway KC1K Covington, KY 41015

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. All trademarks and service marks indicated herein are the property of their respective owners. 607735.13.0 (08/22)

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# Trusted Contact Authorization Form

Use this form to designate a primary and alternate trusted contact, that is 18 years or older, for your Fidelity account(s). Do NOT use this form for charitable giving accounts or workplace retirement plans, such as a 401(k). Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

# Helpful to Know

- To prepare yourself and your trusted contact(s) for success, consider choosing someone with whom you are comfortable discussing your health, relationships, loved ones, work, and finances. You may also want to consider selecting someone who isn't currently involved in your financial life, like a beneficiary or power of attorney, to ensure fairness and objectivity.
- This form supersedes any previous trusted contact designations that you may have submitted.
- If you are using this form for an Entity relationship (for ex: a business account), we will assign the Trusted Contact(s) to the Authorized Individual that signs this form.
- If Fidelity has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or neglect, this form authorizes us to get in touch with the trusted contact(s) and:
  - Provide the trusted contact(s) listed below with information about you and/or your account(s), including notice of a temporary hold, but does not provide him or her with the ability to transact on your account(s).
  - Inquire about your current contact information or health status.
  - Inquire about whether another person or entity has legal authority to act on your behalf (e.g., legal guardian or conservator, executor, or trustee).

not owne

	First Name	Middle Na	me	Last Name		
	Social Security or Taxpayer I	D Number				
2. Accounts	Included					
Check only one.	ALL eligible accou	unts associated v	vith the above Socia	al Security or Taxpay	yer ID Number ⊳ S	kip to Section 3.
	ONLY the account	t(s) listed below:				
	Fidelity Account Numb	er	Fidelity Account Number	Fid	elity Account Number	
	Fidelity Account Numb	er	Fidelity Account Number	Fid	elity Account Number	
3. Primary T	rusted Conta	act Name,	email, phone, a	nd address are	all required.	
The trusted contact	First Name	Middle Na	me	Last Name		
<b>MUST</b> be someone er than the individual						
sted in Section 1. Do	Email	I		Relationship to Owner	(Spouse, Child, Parent, S	ibling, Friend, Other)
provide the account er's information here.						
	Primary Phone		☐ Mobile	Secondary Phone		☐ Mobile
			Number			Number
Legal/Permanent	Address					
This cannot be a	Street Address					
PO box, mail drop, or c/o.						
01 0/0.	City		State/Province	ZIP/Postal Code	Country	

Form continues on next page.



# 4. Alternate Trusted Contact Name, email, phone, and address are all required.

The trusted contact MUST be someone other than the individuals listed in Sections 1 and 3. Do not provide the account owner's information here.

First Name	Middle Name	Last Name	
Email		Relationship to Owner (Spouse, Child, Parent, S	ibling, Friend, Other)
Primary Phone		Secondary Phone	
	Mobile Number		Mobile Number

# **Legal/Permanent Address**

This cannot be a PO box, mail drop, or c/o.

Street Address			
City	State/Province	ZIP/Postal Code	Country

# 5. Signature and Date Form cannot be processed without your signature and date.

By signing below, you:

- Authorize Fidelity to communicate with your trusted contact(s) and disclose information about designated accounts to address possible financial exploitation or confirm specifics about your current contact information, your health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted.
- Understand that this does not authorize your trusted contact(s) to separately access or transact on your account(s).
- Understand that you may identify multiple trusted contacts on this form, provided they are 18 years or older.
- Understand that this trusted contact designation is optional and you may withdraw it at any time by notifying Fidelity
- in writing to one of the business addresses listed below.
- Understand that you may change your trusted contact(s) at any time by completing a new form.
- Certify that all information provided in this form is true, accurate, and complete.
- Acknowledge that we may remove any trusted contact from any account, at any time or for any reason.

PRINT OWNER/AUTHORIZED INDIVIDUAL NAME	
OWNER/AUTHORIZED INDIVIDUAL SIGNATURE	DATE MM/DD/YYYY
X	X

Did you sign the form? Send the ENTIRE form to Fidelity.

Questions? Go to Fidelity.com/trustedcontact or call 800-343-3548.

Regular mail Fidelity Investments PO Box 770001 Cincinnati, OH 45277-0002 Overnight mail Fidelity Investments 100 Crosby Parkway KC1K Covington, KY 41015

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 802990.3.0 (06/20)

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# Important Information about Electronic Funds Transfer (EFT) Keep this information for your records.

# **Privacy Statement**

You understand that Fidelity will disclose information to third parties about your account or the transfers you make:

- (i) Where it is necessary for completing transfers, or
- (ii) In order to verify the existence and condition of your account for a third party, such as a credit bureau or merchant, or
- (iii) In order to comply with a government agency or court order, or
- (iv) If you give Fidelity your written permission, or
- (v) For other purposes in accordance with Fidelity's privacy statement

#### **Fees**

There is no fee to use the EFT service, although your financial institution may charge transaction fees.

#### Limitations for EFTs

There may be a four-day period after Fidelity processes your request to establish EFT, during which the service will be unavailable to transfer funds to or from your bank account. The minimum amount for EFTs initiated on *Fidelity.com* is \$1 for nonretirement brokerage accounts and \$10 for retirement brokerage accounts (or with respect to a Fidelity mutual fund account, the fund minimum). In most cases, EFTs initiated on *Fidelity.com* are subject to a maximum cumulative daily amount of \$100,000 for transfers out of your Fidelity account, and \$250,000 for deposits into your Fidelity account. Transfers out of your Fidelity account initiated on *Fidelity.com* are typically limited to three per day.

# **Brokerage Account Minimum Balances**

There is no minimum account balance to process an EFT transaction; however, your core account must have adequate funds to cover a redemption.

#### Mutual Fund Account Minimum Balances

There is no minimum account balance to process an EFT transaction; however, you must have an adequate balance in your mutual fund position to cover a redemption.

## **Business Days**

For purposes of EFTs, Fidelity's business days are Monday through Friday. Bank and New York Stock Exchange holidays are not included.

## **Documentation Periodic Statement**

You will receive a monthly account statement from Fidelity, unless there are no transactions in a particular month. In any case, you will receive a statement quarterly.

# **Direct Deposits**

If you have arranged to have direct deposits made to your Fidelity Account or Fidelity Mutual Fund Account, at least once every sixty (60) days from the same person or company, you can call Fidelity at 800-343-3548 to find out whether or not the deposit has been made.

# **Special Disclosure for Covered Transfers**

In general, your use of the EFT service for transfer of funds electronically other than those for which the primary purpose is the purchase or sale of securities ("Covered Transfers") is covered under the Electronic Funds Transfer Act and the Bureau of Consumer Financial Protection's Regulation E and related laws and regulations. The following terms and disclosures apply to Covered Transfers:

#### **Unauthorized Transfers**

You will tell Fidelity promptly if you believe your password has been lost or stolen or may have been used without your permission. Telephoning Fidelity at the number listed below is the best way of keeping your possible losses down. If you believe your password has been lost or stolen, and you tell Fidelity within two (2) business days after you learn of the loss or theft, you can lose not more than \$50 for Covered Transfers if someone used your password without your permission. If you do NOT tell Fidelity within two (2) business days after you learn of the loss or theft of your password, and Fidelity can prove Fidelity could have prevented any unauthorized use if you had told Fidelity, you could lose as much as \$500. Also, if your statement shows Covered Transfers that you did not make, you will tell Fidelity promptly. If you do not tell Fidelity within sixty (60) days after the first statement was mailed to you, you may not get back any money you lost after sixty (60) days if Fidelity can prove that Fidelity could have stopped someone from taking the money if you had told Fidelity in time. In extenuating circumstances, Fidelity may extend such time periods. Additional protection may be available from Fidelity for specific accounts under certain circumstances.

## **Stop Payment Procedures**

If you have told Fidelity in advance to make regular Covered Transfers out of your Fidelity account, you can stop any of these payments. Here's how: you can call or write to Fidelity using the contact information listed below. Your notice must be made in time for Fidelity to receive your request at least three (3) business days or more before the payment is scheduled to be made. If you call, Fidelity may, as an additional measure, require you to put your request in writing and get it to Fidelity within fourteen (14) days after you call. Unless otherwise provided, you may not stop payment of electronic funds transfers; therefore, you should not employ electronic access for purchases or services unless you are satisfied that you will not need to stop payment.

# Fidelity's Liability for Failure to Make Covered Transfers

If Fidelity does not complete a Covered Transfer to or from your Fidelity account on time or in the correct amount according to Fidelity's agreement with you, Fidelity may be liable for your losses or damages.

However, there are some exceptions. Fidelity will not be liable for instance:

- If, through no fault of Fidelity's, you do not have enough money in your Fidelity account to make the Covered Transfer.
- If the money in your Fidelity account is subject to legal process or other claim restricting such transfer.
- If the transfer would exceed your margin availability, if any.
- If the bank account information you provided to Fidelity when you established the EFT service was incorrect or has subsequently become incorrect.
- If circumstances beyond Fidelity's control (such as fire or flood) prevent the transaction, despite reasonable precautions taken by Fidelity.
- If there was a technical malfunction which was known to you at the time you attempted to initiate a Covered Transfer or, in the case of a preauthorized Covered Transfer, at the time the transfer should have occurred.
- There may be other exceptions stated in our agreement with you.

#### **Error Resolution**

In the case of errors or questions about your Covered Transfers, you will call or write Fidelity using the contact information listed below, promptly. You will call or write Fidelity if you think your statement is wrong or if you need more information about a Covered Transfer on the statement. Fidelity must hear from you no later than sixty (60) days after Fidelity sent the FIRST statement on which the problem or error appeared. You will:

- Tell Fidelity your name and account number.
- Describe the error or the Covered Transfer that you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell Fidelity the dollar amount of the suspected error.

If you notify Fidelity orally, Fidelity may require that you send your complaint or question in writing within ten (10) business days. Fidelity will tell you the results of its investigation within ten (10) business days after Fidelity hears from you and will correct any error promptly. If Fidelity needs more time, however, it may take up to forty-five (45) days to investigate your complaint or question. If Fidelity decides to do this, it will credit your account within ten (10) business days for the amount that you think is in error, so that you will have the use of the money during the time it takes Fidelity to complete its investigation. If Fidelity asks you to put your request or question in writing and it does not receive it within ten (10) business days, or if your account is a brokerage account subject to Regulation T of the Board of Governors of the Federal Reserve System (Credit By Brokers and Dealers, 12 CFR 220), Fidelity may not credit your account. For questions involving new accounts, point of sale or foreign initiated transactions, we may take up to ninety (90) days to investigate your complaint or question. With respect to new accounts, we may take up to twenty (20) business days to credit your account for the amount you think is in error. Fidelity will inform you of the results of its investigation within three (3) business days of its completion. If Fidelity decides that there was no error, Fidelity will send you a written explanation. You may ask for copies of the documents that Fidelity used in the investigation.

#### **Contact Information**

Fidelity Investments PO Box 770001 Cincinnati, OH 45277

Phone: 800-343-3548

Representatives are available 24 hours per day, seven days per week, to take your call.

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 652049.6.0 (04/23)



# **Backup Withholding Exemption Codes**

Use the codes below to populate the Tax Exemption Code field in the Account Registration section of applicable new account applications. The following is an excerpt from the IRS Form W-9. For more information, visit <a href="https://www.irs.gov/formspubs">www.irs.gov/formspubs</a>.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

#### The following codes identify payees that are exempt from backup withholding:

- 1 An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 The United States or any of its agencies or instrumentalities
- 3 A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4 A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 A corporation
- 6 A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 A real estate investment trust
- 9 An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 A common trust fund operated by a bank under section 584(a)
- 11 A financial institution
- 12 A middleman known in the investment community as a nominee or custodian
- 13 A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

Interest and dividend payments

All exempt payees except for 7

Broker transactions

Exempt payees 1 through 4 and 6 through 11 and all C corporations.
S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.

Payments over \$600 required to be reported

Generally, exempt payees 1 through 5

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