Fidelity INVESTMENTS

Account Number (for Fidelity use only)

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

Business Account Application

For Authorized agent/Advisor Use Only

	G NUMBER	*For electronic confirms* DTC NUMBER
Primary Authorized agent/Advisor	G	
Additional Authorized agent/Advisor	G	
Additional Authorized agent/Advisor	G	
Additional Authorized agent/Advisor	G	

To provide information on more Authorized agent(s)/Advisor(s), owners, etc., make additional copies of necessary page(s)

Account Set-Up

Type of Registration

Check one type only and fill in applicable blanks.

All applicants must choose one of the three registration types. "Corporation" includes any for-profit or non-profit entity that is incorporated. If you are not incorporated, select the registration that best describes you from the remaining three choices. Consult your Authorized agent(s)/Advisor(s) or state tax officials for information on state account ownership laws.

☐ **Corporation** ☐ **Partnership** ☐ **Unincorporated Business**

☐ Sole proprietorship

Legal Name of Business, Partnership, or Organization

Name of state where organized	Taxpayer ID Number (SSN if sole proprietor with no TIN)

All financial institutions: complete the information below.

Primary Regulator (U.S. financial institutions only)

☐ **Bank** ☐ **Insurance Company** ☐ **Securities Broker or Dealer**

☐ **Investment Company or other Passive Investment Vehicle**

☐ **Foreign Trust Company** ☐ **Other** Type of Entity

☐ **Hedge Fund**

Fund Through Fidelity Account Transfer

Check if funding new account through transfer from an existing Fidelity account.

Both accounts must have identical registrations. All assets will be transferred. Shares of Fidelity Cash Reserves and Fidelity U.S. Government Reserves will be sold and proceeds transferred. All other securities will be transferred unsold.

☐ **Transfer Assets from Existing Fidelity Account**

Account Number

Address of Record

Required for all accounts. Unless you request otherwise on page 4, account information will be mailed to the mailing address below. The mailing address should not be your Authorized agent's/Advisor's address.

LEGAL ADDRESS OF ACCOUNT

Address (Cannot be a Post Office Box)		
City	State/Province	Zip/Postal Code
Country		

MAILING ADDRESS OF ACCOUNT ☐ Same as Legal Address

Address		
City	State/Province	Zip/Postal Code
Country		

If the account is being opened by a foreign entity, or if either address above is outside the United States, complete the information below.

Purpose of Account ☐ **Expense Account** ☐ **Investment Account** ☐ **Payroll Account** ☐ **Other** Type of Account

Name of Beneficial Owner	Citizenship of Beneficial Owner	Name of Agent (if Giving a Non-US Address Above)

Personal Information

Authorized Individual

Additional paperwork may be required if the individual is an entity.

Name of Authorized Individual		Title	☐ Social Security Number ☐ Taxpayer ID Number	
Date of Birth (MM-DD-YYYY)	U.S. Driver's License Number	State	Work Phone Ext.	Home Phone

YOUR LEGAL ADDRESS ☐ Same as Legal Address of Account

Address (Cannot be a Post Office Box)		
City	State/Province	Zip/Postal Code
Country		

YOUR MAILING ADDRESS ☐ Same as Mailing Address of Account

Address		
City	State/Province	Zip/Postal Code
Country		

TAX RESIDENCE AND CITIZENSHIP

Citizenship ☐ **U.S.** ☐ **Other** Country or Countries of Citizenship

☐ **Permanent U.S. Resident** ☐ **Non-Permanent U.S. Resident** ☐ **Non-Resident of U.S.**

Country of Birth	City of Birth	State/Province of Birth

Country of Tax Residence ☐ **U.S.** ☐ **Other** Country

Government Identification (Required for non-U.S. citizens) ID must include reference number and photo. Attach copy of ID.

☐ **U.S. Driver's License** ☐ **Passport with U.S. Visa** ☐ **Foreign National Identity Document**

☐ **INS Permanent Resident Alien Card** ☐ **Employment Authorization Document (EAD)** ☐ **Passport without U.S. Visa**

ID Number (Not Required for U.S. Driver's License)	Country of Issuance

Bank Information Required for Foreign National Identity Document or Passport without U.S. Visa.

Bank Name		Bank Phone Number		Account Number
Bank Address	City	State/Province	Zip/Postal Code	Country

EMPLOYMENT STATUS ☐ **Employed** ☐ **Not Employed** ☐ **Retired**

Employer (List Source of Income if Retired or Not Employed)		Occupation		
Employer's Address	City	State/Province	Zip/Postal Code	Country

AFFILIATIONS Answer for both types of affiliations. Report any additional affiliations on a separate page.

Securities Industry Affiliations

☐ **You are not** affiliated with, or employed by, a stock exchange or a broker/dealer.

☐ **You are** affiliated with, or employed by, such an entity (provide information below). Obtain and attach compliance officer's letter of approval ("407 letter"). We must tell your employer you have applied for this account.

☐ Same as employer above.

Name of Company or Other Entity		
Address		City
State/Province	Zip/Postal Code	Country

Public Company Affiliations

☐ **You are not** a control person or affiliate or an immediate family/household member of a control person or affiliate of a publicly traded company under SEC Rule 144 (such as a director, 10% shareholder, or policy-making officer).

☐ **You are** a control person or affiliate or an immediate family/household member of a control person or affiliate of the following:

Name of Company	Trading Symbol
Name of Company	Trading Symbol
Name of Company	Trading Symbol
Name of Company	Trading Symbol

Additional Authorized Individual

If three or more authorized persons, use the duplicates of this page that follow the Agreement Signatures page.

Name of Additional Authorized Individual	Title	☐ Social Security Number ☐ Taxpayer ID Number

Date of Birth (MM-DD-YYYY)	U.S. Driver's License Number	State	Work Phone Ext.	Home Phone

YOUR LEGAL ADDRESS ☐ Same as Legal Address of Account

Address (Cannot be a Post Office Box)		
City	State/Province	Zip/Postal Code
Country		

YOUR MAILING ADDRESS ☐ Same as Mailing Address of Account

Address		
City	State/Province	Zip/Postal Code
Country		

TAX RESIDENCE AND CITIZENSHIP

Citizenship ☐ **U.S.** ☐ **Other** Country or Countries of Citizenship

☐ **Permanent U.S. Resident** ☐ **Non-Permanent U.S. Resident** ☐ **Non-Resident of U.S.**

Country of Birth	City of Birth	State/Province of Birth

Country of Tax Residence ☐ **U.S.** ☐ **Other** Country

Government Identification (Required for non-U.S. citizens) ID must include reference number and photo. Attach copy of ID.

☐ **U.S. Driver's License** ☐ **Passport with U.S. Visa** ☐ **Foreign National Identity Document**

☐ **INS Permanent Resident Alien Card** ☐ **Employment Authorization Document (EAD)** ☐ **Passport without U.S. Visa**

ID Number (Not Required for U.S. Driver's License)	Country of Issuance

Bank Information Required for Foreign National Identity Document or Passport without U.S. Visa.

Bank Name		Bank Phone Number		Account Number
Bank Address	City	State/Province	Zip/Postal Code	Country

EMPLOYMENT STATUS ☐ **Employed** ☐ **Not Employed** ☐ **Retired**

Employer (List Source of Income if Retired or Not Employed)		Occupation		
Employer's Address	City	State/Province	Zip/Postal Code	Country

AFFILIATIONS Answer for both types of affiliations. Report any additional affiliations on a separate page.

Securities Industry Affiliations

☐ **You are not** affiliated with, or employed by, a stock exchange or a broker/dealer.

☐ **You are** affiliated with, or employed by, such an entity (provide information below). Obtain and attach compliance officer's letter of approval ("407 letter"). We must tell your employer you have applied for this account.

☐ Same as employer above.

Name of Company or Other Entity		
Address		City
State/Province	Zip/Postal Code	Country

Public Company Affiliations

☐ **You are not** a control person or affiliate or an immediate family/household member of a control person or affiliate of a publicly traded company under SEC Rule 144 (such as a director, 10% shareholder, or policy-making officer).

☐ **You are** a control person or affiliate or an immediate family/household member of a control person or affiliate of the following:

Name of Company	Trading Symbol
Name of Company	Trading Symbol
Name of Company	Trading Symbol
Name of Company	Trading Symbol

Account Characteristics

These features can be modified or withdrawn upon written notice to Fidelity. For Cash Management or Options Trading, obtain the appropriate form(s) from your Authorized agent(s)/Advisor(s).

Core Transaction Account

Check one only. The core account is used for settling transactions in your account and for holding balances awaiting investment.

Available to all investors.

- ☐ **Taxable Cash Account** *FCASH* (Interest-bearing account) *Default if no choice is indicated*
- ☐ **Fidelity Municipal Money Market Fund** *FTEXX*
- ☐ **Fidelity Tax-Free Money Market Fund** *FMOXX*

Available only to legal residents of the state indicated.

- ☐ **Arizona** Fidelity Arizona Municipal Money Market Fund *FSAXX*
- ☐ **Michigan** Fidelity Michigan Municipal Money Market Fund *FMIXX*
- ☐ **California** Fidelity California Municipal Money Market Fund *FCFXX*
- ☐ **New Jersey** Fidelity New Jersey Municipal Money Market Fund *FNJXX*
- ☐ **Connecticut** Fidelity Connecticut Municipal Money Market Fund *FCMXX*
- ☐ **New York** Fidelity New York Municipal Money Market Fund *FNYXX*
- ☐ **Ohio** Fidelity Ohio Municipal Money Market Fund *FOMXX*
- ☐ **Massachusetts** Fidelity Massachusetts Municipal Money Market Fund *FDMXX*
- ☐ **Pennsylvania** Fidelity Pennsylvania Municipal Money Market Fund *FPTXX*

Trading and Asset Movement Authorizations

Trading Authorization

Authorizes Fidelity to accept trades, servicing, account-related, or other instructions on your account from your Authorized agent(s)/Advisor(s), without direct instructions from you. Trading authorization is a feature of all accounts opened with this application; you grant trading authorization when you sign the application. By granting trading authorization to your Authorized agent(s)/Advisor(s) you understand and agree that your Authorized agent(s)/Advisor(s) will have the ability to instruct Fidelity to initiate transfers of cash from your bank account to your Fidelity account, based on standing written funds transfer instructions provided by you to Fidelity. See the Client Agreement for more complete information.

Asset Movement Authorization

Not available on Estate and other Non-Trust Fiduciary accounts. Level 2 is not available on Non-Fidelity Prototype Retirement accounts. If Level 2 is selected, the request will default to Level 1.

Authorizes Fidelity to accept instructions from your Authorized agent(s)/Advisor(s) to move assets in and out of your account, without direct instructions from you. See the Client Agreement for more complete information. Fidelity may require direct instructions from you for transactions over a certain amount.

By checking Level 1 or Level 2 below, you direct Fidelity to accept instructions from your Authorized agent(s)/Advisor(s) concerning the types of transactions indicated for that level. In the Level 1 and Level 2 descriptions below, "same-registration" means the same owner or owners and the same registration type.

☐ **Level 1** This includes:

- checks made payable to you and sent to your address
- bank wires or electronic funds transfers (EFTs) to any account you have authorized through standing written instructions
- transfers of cash or securities from this account to other same-registration accounts at Fidelity, or from this account to any third party account at Fidelity you have authorized through standing written instructions.

☐ **Level 2** This includes all Level 1 authorizations, plus:

- bank wires to any same-registration account outside Fidelity, without direct instructions from you

Note that you agree that Fidelity cannot confirm the account registration at the receiving bank and will rely solely on the representations of your Authorized agent(s)/Advisor(s) as to the registration of the receiving account.

Forwarding of Prospectuses, Proxies, and Reports

If you indicate no choice, these materials will be sent to the account mailing address.

By checking one or more boxes below, you instruct Fidelity to deliver to your Primary Authorized agent/Advisor the materials indicated instead of delivering them to you at the mailing address on your account.

Proxies Includes all proxy voting materials. In choosing this option, you also direct Fidelity to accept votes regarding these proxies from your Primary Authorized agent/Advisor.

If your Primary Authorized agent/Advisor has a Proxy Voting G Number or uses a proxy administrator, provide the G Number and administrator name, as appropriate.

- ☐ Send to me
- ☐ Send to my Primary Advisor

For Authorized agent/Advisor Use Only

Proxy Voting G Number (Agent/Advisor or Administrator)

G | | | | | | | |

Name (Administrator Only)

Reports Includes annual reports and information statements. Reports can only be forwarded if proxies are being forwarded as well.

- ☐ Send to me
- ☐ Send to my Primary Advisor

Prospectuses

- ☐ Send to me
- ☐ Send to my Primary Advisor

Corporate Actions/Reorganization Notices

- ☐ Send to me
- ☐ Send to my Primary Advisor

Notwithstanding your election to receive Corporate Actions/Reorganization Notices at your account's mailing address, Fidelity will accept decisions on the corporate actions/reorganization notices from your Primary authorized agent/Advisor.

Trade Confirmations, Account Profiles, and Statements

Quarterly Trade Confirmation Statement In lieu of written trade confirmations, owner will receive a quarterly statement detailing all trade confirmations. Written trade confirmations will continue to be sent to applicable Authorized agent(s)/Advisor(s).

☐ **Request Quarterly Trade Confirmation Statements**

Duplicate Materials Check any desired. Account profiles include ownership and investment objectives information. Individuals or entities receiving account statements or trade confirmations will also be granted access to all account information.

Send Copies to All Owners/Trustees: ☐ **Trade Confirmations** ☐ **Account Profiles** ☐ **Account Statements**

Send Copies to Third Party/Parties:

☐ **Trade Confirmations** ☐ **Account Statements**

Name		
Address (Not Required if Providing G Number)		
City	State/Province	Zip/Postal Code
Country	G Number G	

☐ **Trade Confirmations** ☐ **Account Statements**

Name		
Address (Not Required if Providing G Number)		
City	State/Province	Zip/Postal Code
Country	G Number G	

Dividend and Capital Gain Payments Check one only.

These choices concern handling of any dividends, capital gains, and similar payments made by securities you own. Any payments that you choose to have reinvested will be used to purchase additional shares of the security that is making the payment. Any payments that you choose to have paid into your core account (along with any interest from debt securities that you own) will be invested in the core account vehicle for your account. Note that only certain domestic stocks and closed-end funds held in a Fidelity brokerage account are eligible for dividend reinvestment. For more information on reinvestment policies, see Dividend Reinvestment section in Client Agreement.

☐ **Reinvest:** Payments from all mutual funds
Pay to Core Account: Payments from all eligible U.S. equities and closed-end funds *(3)*
Default choice if you make no indication

☐ **Reinvest:** Payments from all eligible U.S. equities and closed-end funds
Pay to Core Account: Payments from all mutual funds *(S)*

☐ **Reinvest:** Payments from all eligible securities; any payments from ineligible securities will be paid to your core account *(D)*

☐ **Pay All to Core Account**
Do not distribute by check *(4)*

☐ **Pay All to Core Account**
Send checks **every week** *(1)*

☐ **Pay All to Core Account**
Send checks **twice a month** *(5)*

☐ **Pay All to Core Account**
Send checks **every month** *(2)*

☐ **Pay All to Core Account**
Send checks **every quarter** *(6)*

Margin Privileges Subject to approval by Fidelity; involves additional costs and risks.

Margin allows you to borrow money from Fidelity using certain securities in your account as collateral.

☐ **Apply for Margin Privileges**

Business Information Required for ALL applicants. Provide everything that is needed in each section for your type of registration (see table below).

Authorization to Open Account

	Corporation	Unincorporated Sole Proprietorship	Other Unincorporated Business	Partnership
Requirements for Each Registration Type	Name and signature of president	Name and signature of sole proprietor	Name and signature of president	Name and signature of a general partner

By signing at right, you authorize Fidelity to open a brokerage account, which may include such features as margin privileges and options trading, in the name of the business entity identified as the owner in this application, and agree that this authorization will continue until Fidelity receives written notice to the contrary.

☐ **President** ☐ **Partner**

Name of President/Partner	
Signature of President/Partner X	☐ Individual signing is business entity's sole officer.

Account Certifications

By signing below, you certify that all items that apply to your type of entity and registration are true, you make all authorizations indicated, and you affirm that you are authorized to make those representations.

	Corporation	Unincorporated Sole Proprietorship	Other Unincorporated Business	Partnership
Requirements for Each Registration Type	Fill in blanks; name and signature of an officer (NOT an authorized individual, unless a sole officer)	Fill in blanks; name and signature of sole proprietor	Fill in blanks; name and signature of an officer (NOT an authorized individual, unless a sole officer)	Fill in blanks; names and signatures of all general partners

All Business Entities

- The business entity is organized and existing under the laws of the state indicated below and has the power to take the actions called for by the resolutions in the Account Agreement. In addition, the business entity's governing body adopted the resolutions in the Customer Agreement at a meeting held on the date below, at which a quorum of the governing body was present and acting throughout, and the resolutions are currently in full effect.

State	Date of Meeting (MM-DD-YYYY)

- Each authorized individual named on pages 2, 3, and any additional Authorized Individual pages of this application (or the sole officer, if applicable) is fully authorized to place orders on the account and to execute any instrument incidental to that (such as applying for margin or options), and to act in a sole capacity in these regards.
- Nothing in the Account Agreement or this application is contrary to any provision in the business entity's organizing documents or by-laws.
- Fidelity may verify all information provided in connection with this application and account, and may obtain credit or other financial responsibility reports with respect to the business entity and any authorized individual. All individuals who may be the subject of these reports have been notified of this possibility.

Corporations and Unincorporated Businesses Only

- You are an officer of the business entity who is not an authorized individual (unless the sole officer box above is checked), and you are authorized to make these certifications on behalf of the business entity, and to express the consent of all authorized individuals to Fidelity's right to obtain financial reports concerning them.

Corporations Only

- Each authorized individual named on pages 2, 3, and any additional Authorized Individual pages of this application has been duly elected and now legally holds the office(s) indicated.

Unincorporated Businesses Only

- The business entity is operating under the following document.

Name of Document

Partnerships Only

- The individuals signing below constitute all general partners of the partnership, and all are also signing to the full terms of this account in the Signatures section of this application.
- The certifications with respect to the authority of each general partner to place orders on this account are made jointly and severally by the general partners, who also acknowledge that Fidelity may conduct account business with any one general partner without notice to, or approval of, any other partner.
- The general partners agree to notify Fidelity immediately of any change in the names or status of the general partners (such as death or retirement), and grant Fidelity, in the event of such a change, the right to take whatever action it considers to be necessary to protect its interests in the account (including retaining a portion of account assets).

Name of Partner or Certifying Officer	Title of Officer

Signature

X

Name of Partner

Signature

X

Name of Partner

Signature

X

Corporate Seal, Notary Seal, or Name and Signature of Partner if Required (See Table Above)

Additional Requirements

	Corporation	Unincorporated Sole Proprietorship	Other Unincorporated Business	Partnership
Requirements for Each Registration Type	Corporate seal (US entities only), or attach copy of articles of incorporation	Signature and seal of Notary Public	Signature and seal of Notary Public	Attach copy of partnership documents

Statement of Notary Public Unincorporated businesses only

You certify that the individual(s) signing above appeared before you on the date indicated at right, that they are known to you to be the individuals they claim to be, and that they represented to you that they made the certifications above their signature(s) of their own free will.

State	County

Notarization Date (MM-DD-YYYY)	Commission Expires (MM-DD-YYYY)

Signature of Notary Public

X

Agreement Signatures

All authorized individuals must read and sign. Your signature binds you to the terms in "All Accounts" and any other applicable sections.

All Accounts

By signing below, you acknowledge and agree that:

- You are asking Fidelity to establish the account(s) in your name(s) as described in this application.
- You are at least 18 years of age, of full legal age in the state in which you reside, and fully authorized to apply for this account.
- All information about you and any other applicant is true, accurate, and complete, to the fullest extent of your knowledge, including information about securities industry affiliations, which you answer under penalties of perjury.
- Your Authorized agent(s)/Advisor(s) has provided you with a complete copy of the Client Account Agreement ("Client Agreement"), and you have read it.
- You accept the terms in this application and the Client Agreement, as they are today and as they may later be amended, including:
  - your commitments to Fidelity
  - your authorizations and statements concerning your Authorized agent(s)/Advisor(s), including your agreement to grant your Authorized agent(s)/Advisor(s) discretion over your account (as described in a written advisory contract) and, if indicated, asset movement authority
  - the policies governing your account and any optional features you may have requested, such as cash management, margin, options, or separately managed accounts
  - your agreement to indemnify us (jointly and severally, for accounts with more than one owner or trustee)
  - our policies on gathering information and recording phone calls
  - our privacy policy and other notices and disclosures
- You grant your Authorized agent(s)/Advisor(s) trading authority, as defined in the Client Agreement, and agree that Fidelity may accept instructions on your account (such as orders to buy and sell securities) from your Authorized agent(s)/Advisor(s).
- With respect to the fees associated with your account:
  - you authorize your Authorized agent(s)/Advisor(s) to set the fees you pay for their services and the fees you pay for Fidelity's services
  - you authorize Fidelity to accept instructions from your Authorized agent(s)/Advisor(s) to deduct Authorized agent's(s')/Advisor'(s') fees directly from your account
  - you authorize brokerage commissions and termination fees to be deducted from your account (see the Client Agreement for more complete information on fees)
- If you direct Fidelity to deliver your prospectuses, proxies, related materials or corporate actions/reorganization notifications to your Primary Authorized agent/ Advisor instead of delivering these documents to you, and you authorize Fidelity to accept votes from your Authorized agent/Advisor on proxies you represent and agree to the following:
  - Fidelity has no responsibility to verify any of the representations you make with respect to these instructions.
  - If your Primary Authorized agent/Advisor has identified a proxy related third-party administrator on this form, you represent that you have separately authorized your Primary Authorized agent/Advisor to use such an administrator, your Primary Authorized agent/Advisor may not delegate to the proxy administrator the right to determine your proxy vote and Fidelity may honor instructions from your Primary Authorized agent/ Advisor to forward proxy materials to the administrator and may accept your Primary Authorized agent's/ Advisor's proxy voting decisions when communicated to Fidelity by the administrator.
  - Any and all Authorized agent/Advisors your have designated and authorized is either a registered investment advisor, a bank, bank holding company or otherwise exempt from registration and has discretion over your account pursuant to a separate written advisory contract.
- Fidelity will provide your names to issuers of securities held in this account so that you might receive any important information regarding them, unless you notify us otherwise in writing.
- You will notify Fidelity in writing of any material changes to any designation or authorization you have granted to your authorized agent/advisor or to any representations you have made to Fidelity concerning of your Authorized agent(s)/Advisor(s), and understand that any changes in account features or instructions (including rescinding authorizations relating to proxy voting or quarterly account statements) will be effective as soon as Fidelity receives written notice from you.
- If requested in this application, you will receive quarterly confirmation statements in place of transaction confirmations, and you acknowledge and accept the limitations this arrangement may place on your ability to closely and promptly monitor activity in your account.
- Fidelity is not affiliated with your Authorized agent(s)/Advisor(s).
- Fidelity will act only on authorized instructions, and has no responsibility to monitor or review your account, to determine the suitability of any investment, or to judge the appropriateness of any instruction placed on the account so long as it appears to be authorized. You can revoke this authorization any time by giving written notice to Fidelity.

Margin Privileges Applicants Only

- **SUBJECT TO MARGIN APPROVAL, YOU AUTHORIZE US (FIDELITY) TO LEND SEPARATELY, OR WITH THE PROPERTY OF OTHERS, EITHER TO OURSELVES OR TO OTHERS, ANY PROPERTY WE MAY BE CARRYING FOR YOU ON MARGIN. THIS AUTHORIZATION APPLIES TO ALL YOUR ACCOUNTS WE CARRY AND WILL REMAIN IN FORCE UNTIL WE RECEIVE WRITTEN NOTICE OF REVOCATION.**

This account is governed by a pre-dispute arbitration clause, which appears on the last page of the Client Agreement, and you acknowledge that you have received a copy of this clause.	**By signing below, you make the following certifications:** **If I am a U.S. citizen, U.S. resident alien or other U.S. person, I certify under penalties of perjury that: (1) the Social Security Number or Taxpayer Identification Number that I provided on this application is correct (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding for failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person, including a U.S. resident alien.** ☐ **If you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return, you must either (i) cross out item 2 above or (ii) if submitting this application electronically, check this box to indicate that you do not certify item 2 above.** **If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim tax treaty benefits.**
Margin applicants only: you represent that you have read, understood, and agreed to the terms and conditions set forth in the Margin Account Agreement and Disclosure of Credit Terms on Margin Transactions and agree to be bound by such terms and conditions as are currently in effect and as may be amended from time to time.	

Owner Signature(s) If three or more owners, duplicate this page for additional owners to sign. Also fill out a duplicate of page 3 (personal information) for each owner. Submit this application, along with any other required materials, to Fidelity at the address provided by your Primary Authorized agent/Advisor.

Signature and Date Required

X ______________________ Signature of Authorized Individual/Sole Proprietor/Partner | __/__/____ Date (MM/DD/YYYY) | ______________ Print Name

X ______________________ Signature of Partner | __/__/____ Date (MM/DD/YYYY) | ______________ Print Name

X ______________________ Signature of Partner | __/__/____ Date (MM/DD/YYYY) | ______________ Print Name

X ______________________ Signature of Partner | __/__/____ Date (MM/DD/YYYY) | ______________ Print Name

For Fidelity Use Only ☐ Cash ☐ Margin

Print Approving Manager's Name	Approving Manager's Signature	Date (MM-DD-YYYY)

Fidelity Brokerage Services LLC, Member NYSE, SIPC 1.787499.110 – 426677.5 (02/08)