

Trustee Certification of Investment Powers Instructions:

Account Owner(s) ("You") should use this form to add, change, certify, or verify trust and or trustee information on a Trust Account or Non-Prototype Plan Account.

Important:

- The Trustees listed on this form will supersede any earlier designations. If You have any questions, please contact your Advisor.
- If You are adding a new trustee(s) and have Option privileges on the account, You must submit a new Options Account Application with this form.
- In the case of a Revocable Trust, complete the beneficiary(ies), grantor(s), trustee(s) section of this form to indicate if the beneficiary(ies), grantor(s) and trustee(s) is(are) the same party(ies). Notarization of this form is not required in this instance.

To **add** a trustee:

- Enter new trustee(s) name(s) on page 2
- Complete a Personal Information page for each trustee (pages 3-5. If adding more than 3 trustees, duplicate the page as necessary.)
- All trustees must sign and date this form.
- You must provide the following:
 - A notarized signature for each trustee; **OR**
 - A copy of the first and signature pages of the trust document and the page(s) of the trust document naming the successors or a document showing a successor was appointed/accepted.
- If You are adding a trustee to a Non-Prototype Plan Account, provide documentation from the business/plan showing the trustee(s) has changed.

To **remove** a trustee:

- Enter the name of the Trustee that is being removed on page 2.
- Complete a Personal Information page for each trustee (pages 3-5. If adding more than 3 trustees, duplicate the page as necessary.)
- Select the reason for removing the trustee. If removing a trustee due to:
 - Death, include the death certificate of the former trustee.
 - Incapacity, include a letter from the attending physician, on the physician's letterhead, indicating the incapacitation of the trustee.
 - Resignation, resigning Trustee must sign, **OR** You may include a letter of resignation.
 - Removal, include copy of the trust removal document.
 - Removal for Non-Prototype Plan accounts, provide documentation from the business/plan showing the trustee(s) has changed.
- Each trustee must sign and date this form.

For Corporate or Partnership Accounts on which a trust is an Authorized Entity use this form to **verify** the trust and trustees:

- Complete a Personal Information page for each trustee (pages 3-5. If adding more than 3 trustees, duplicate the page as necessary.)
- Each trustee must sign and date this form.
- You must provide the following:
 - A notarized signature for each trustee(s); **OR**
 - A copy of the first and signature pages of the trust document.



Account Number

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Trustee Certification of Investment Powers

Complete all applicable sections of this form to add, change or remove a trustee from your account. Refer to the attached instructions for information on how to complete the form. 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.

Trust Information - Account Level

Name of Trust		<input type="checkbox"/> Social Security Number		<input type="checkbox"/> Taxpayer ID Number*	
Date of Trust (MM-DD-YYYY)		Name of Grantor			
Beneficiary(ies)			By whom can the trust be amended or revoked:		

* Tax reporting number for trust.

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.

PERMANENT ADDRESS OF ACCOUNT

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

MAILING ADDRESS OF ACCOUNT

Same as Permanent Address

Address		
City	State/Province	Zip/Postal Code
Country		

Change Trustee(s) on an existing Trust Account

ADD A NEW TRUSTEE

I/We, _____ certify that I/We am/are the Successor Trustee(s) of the above named Trust in accordance with the terms of the Trust Instrument.

REMOVE TRUSTEE FROM AN EXISTING TRUST ACCOUNT

Name of Trustee being removed from account _____

- Death (include copy of death certificate)
- Incapacity of Trustee (include a letter from the attending physician, on the physician's letterhead, indicating the incapacitation of the trustee)
- Removal of Trustee, (include removal documentation)
- Resignation of Trustee (sign below or include letter of resignation)

I certify that I am resigning as Trustee of the above named Trust.

X _____ /_____/_____
 Signature Date (MM/DD/YYYY) Print Name



Trustee Information

First Name		Middle Name		Last Name				
Institution Name			Social Security Number or Taxpayer ID Number			Date of Birth (MM-DD-YYYY)		
U.S. Driver's License Number			State	Evening Phone		Daytime Phone		Ext.

YOUR PERMANENT ADDRESS Same as Permanent 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

Country or Countries of Citizenship	
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Citizenship U.S. Other

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

Country of Birth		City of Birth		State/Province of Birth	
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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
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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

Check this box if you are affiliated with, or employed by, a stock exchange or a member firm of an exchange or FINRA, a municipal securities dealer or Fidelity. If you checked the box, obtain and attach the compliance officer's letter of approval ("407 letter") and indicate your company's name and address below. Failure to include an approval letter may delay the processing of your request. 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

Check this box if you are 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 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors).

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

Trustee Information

First Name		Middle Name		Last Name				
Institution Name			Social Security Number or Taxpayer ID Number			Date of Birth (MM-DD-YYYY)		
U.S. Driver's License Number			State	Evening Phone		Daytime Phone		Ext.

YOUR PERMANENT ADDRESS Same as Permanent 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

Country or Countries of Citizenship	
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Citizenship U.S. Other

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

Country of Birth		City of Birth		State/Province of Birth	
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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
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Bank Information Required for Foreign National Identity Document or Passport without U.S. Visa.

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Check this box if you are affiliated with, or employed by, a stock exchange or a member firm of an exchange or FINRA, a municipal securities dealer or Fidelity. If you checked the box, obtain and attach the compliance officer's letter of approval ("407 letter") and indicate your company's name and address below. Failure to include an approval letter may delay the processing of your request. We must tell your employer you have applied for this account.

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Address		City
State/Province	Zip/Postal Code	Country

Public Company Affiliations

Check this box if you are 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 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors).

Name of Company	Trading Symbol
Name of Company	Trading Symbol
Name of Company	Trading Symbol
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Trustee Information

First Name		Middle Name		Last Name				
Institution Name			Social Security Number or Taxpayer ID Number			Date of Birth (MM-DD-YYYY)		
U.S. Driver's License Number			State	Evening Phone		Daytime Phone		Ext.

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Country		

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Address		
City	State/Province	Zip/Postal Code
Country		

TAX RESIDENCE AND CITIZENSHIP

Country or Countries of Citizenship	
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Citizenship U.S. Other

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

Country of Birth		City of Birth		State/Province of Birth	
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ID Number (Not Required for U.S. Driver's License)	Country of Issuance
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Name of Company	Trading Symbol
Name of Company	Trading Symbol
Name of Company	Trading Symbol
Name of Company	Trading Symbol

Trustee Certification and Verification

- Fidelity Brokerage Services LLC and National Financial Services LLC (collectively, "Fidelity") has the authority to accept orders and other instructions relative to the Trust accounts identified herein from those individuals or entities listed in this form. The individuals and entities listed may execute any documents on behalf of the Trust which Fidelity may require. By signing this form, the Trustee(s) hereby certifies(y) that Fidelity is authorized to follow the instructions of any Trustee and to deliver funds, securities, or any other assets in the brokerage account to any Trustee or on any Trustee's instructions, including delivering assets to a Trustee personally. Fidelity may, in its sole discretion and for its sole protection, require the written consent of any or all Trustees prior to acting upon the instructions of any Trustee.
- There are no other Trustees of the Trust other than those listed herein.
- Should only one person execute this agreement, it shall be a representation that the signer is the sole Trustee. Where applicable, plural references in this certification shall be deemed singular.
- You, the Trustees, have the power under the Trust and applicable law to enter into the transactions and issue the instructions that we make in this account. Such power may include, without limitation, the authority to buy, sell (including short sales), exchange, convert, tender, redeem and withdraw assets (including delivery of securities to and from the account) and to trade securities on margin or otherwise (including the purchase and/or sale of option contracts) for and at the risk of the Trust. You understand that all orders and transactions will be governed by the terms and conditions of all other account agreements applicable to this account.
- You, the Trustees, have authority to delegate trading authorization to the Authorized agent/Advisor.
- The Trustees and/or the Authorized agent/Advisor, jointly and severally, indemnify Fidelity and hold Fidelity harmless from any claim, loss, expense or other liability for effecting any transactions, and acting upon any

- instructions given by the Trustees and/or the Authorized agent/Advisor. You, the Trustees, certify that any and all transactions effected and instructions given on this account will be in full compliance with the Trust.
- You, the Trustees, agree to inform Fidelity in writing of any change in the composition of the Trustees or any other event which could alter the certifications made above.
- You, the Trustees, agree that any information You give to Fidelity on this account will be subject to verification, and You authorize Fidelity to obtain a credit report about You at any time. Upon written request, Fidelity will provide the name and address of the credit reporting agency used.
- The trust exists under applicable state laws.
- You understand and acknowledge that the above-referenced agreement may be terminated in the event that Fidelity or any of its agents or affiliates has reasonable grounds to believe the foregoing is untrue, or the form has been altered.
- You, the Trustees, certify to Fidelity that the trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this trust certification to be incorrect.
- In addition, each trustee of a Non-Fidelity Prototype Retirement Account certifies that:
 - The trustees assume all fiduciary responsibility for plan assets as well as administrative responsibility for all applicable record keeping, tax reporting, and tax withholding requirements.
 - The trustees have obtained and will maintain a plan and trust agreement, qualified under Section 401(a) of the Internal Revenue Code.
 - All instructions given on this account will be in full compliance with the terms of the plan, the Employee Retirement Income Security Act of 1974 (ERISA), and the Internal Revenue Code.

Certified and attested to Fidelity by Trustee(s) All Trustees must sign and date below. For three or more trustees, make a copy of this page.

Signature	Date (MM-DD-YYYY)
X	

Signature	Date (MM-DD-YYYY)
X	

Signature	Date (MM-DD-YYYY)
X	

Trustee(s) signature(s) must be notarized below. The following is to be completed by a Notary Public.
On the dates indicated below, the following Trustee(s) appeared before me consistent with their authority:

Name of Trustee

Name of Trustee

Name of Notary Public

Name of Notary Public

Signature	Date (MM-DD-YYYY)
X	

Signature	Date (MM-DD-YYYY)
X	

STAMP OR SEAL

STAMP OR SEAL

Name of Trustee

Name of Notary Public

Signature	Date (MM-DD-YYYY)
X	

STAMP OR SEAL
