



CHET ADVISOR

529 College Savings Program
Connecticut Higher Education Trust

Sponsored by the State of Connecticut

New Account

Use this application to establish a CHET Advisor 529 account.
Type on screen or fill in using CAPITAL letters and black ink.

Helpful to Know

- Up to three Beneficiaries can be included, and information provided in Sections 1, 3, 6, 7, 8, 10, 11, and 12 will apply to all accounts. Any modifications to these sections that don't apply to all Beneficiaries require separate applications.
- If you are establishing a trust account, complete the 529 College Savings Plan Trustee Certification of Investment Authority form and attach a copy of the pages of the trust document that includes the full name of the trust, trust date, name of the updated or successor trustee(s) that match the trustee(s) listed in this form, and all signatures. Do not include the entire trust document.
- If initial contribution includes a rollover from a Coverdell education savings account, a qualified U.S. Savings Bond, or another 529 Plan, you must also complete a 529 College Savings Plan Rollover form.

1. Participant Information *All fields are required.*

Must be an individual or trust, not a corporation or joint account holder.

Individual 529 Plan Trust 529 Plan UGMA/UTMA 529 Plan (Custodial Account)

†Attach a copy of a valid government-issued photo ID, e.g., driver's license.

You must provide an email address and mobile phone number to be used to verify and/or authorize transactions.

First Name		M.I.	Last Name		Suffix
SSN/TIN <i>required</i>		Date of Birth <i>MM DD YYYY</i> [‡]		Driver's License Number [†]	State of Issuance
<input type="checkbox"/> SSN <input type="checkbox"/> TIN					
Mobile Phone Number <i>Used as your primary phone</i>			Email Address*		
Trust Name <i>if applicable</i>				Trust Date <i>MM DD YYYY</i>	

* See Electronic Delivery section for more details.

‡ Must be at least 18 years old.

For multiple trustees, attach a letter of instruction containing this information for each trustee.

Participant Citizenship*

U.S. Citizen U.S. Resident Alien

* Nonresident Aliens are not eligible to participate in the program.

Mailing Address

Street Address			Apartment		
City		State	Zip/Postal Code		

U.S. Residential Address Check if same as above.

For P.O. Box mailing addresses, complete U.S. Residential Address section.

Street Address			Apartment		
City		State	Zip/Postal Code		

2. Electronic Delivery

IMPORTANT: By signing this account application, you are consenting to receive all account-related communications electronically. You agree that Fidelity may use your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. To manage your delivery preferences, log into accounts.fidelity.com and select the eDelivery settings in your Overview section.

To confirm your consent, please respond to the electronic message which Fidelity will email to you.

Note:

- Your delivery preferences are applied across all eligible Fidelity accounts owned by you based upon your most recent election. If you have already consented to electronic delivery, your election will not change.
- The email address provided should not be your Authorized agent/ Representative's email address.
- This email address will replace any existing email address already on our system.

3. Financial Representative Information

You are required to appoint a Financial Representative as your agent for your CHET Advisor 529 Account(s) to execute investment and other instructions made by you or on your behalf. To be completed by your Financial Representative.

Complete this section if Fidelity should contact your representative assistant with questions about this application.

Firm Name				
Firm Number		Branch Number		Representative Number
Representative First Name		M.I.	Representative Last Name	
Branch Mailing Address				Suite
City			State	Zip/Postal Code
Phone		Representative Email Address		
Representative Assistant First Name		M.I.	Representative Assistant Last Name	
			Suffix	
Representative Assistant Phone				

4. Investment Options

Refer to the CHET Advisor 529 Offering Statement for additional information.

Age-Based Portfolios	POOL NUMBERS		
	Class A	Class C	Class I*
CHET Advisor 529 Portfolio 2045	9179	9180	9181
CHET Advisor 529 Portfolio 2042	6971	6972	6973
CHET Advisor 529 Portfolio 2039	6254	6255	6257
CHET Advisor 529 Portfolio 2037	6248	6249	6253
CHET Advisor 529 Portfolio 2034	6244	6245	6247
CHET Advisor 529 Portfolio 2031	6240	6241	6243
CHET Advisor 529 Portfolio 2028	6236	6237	6239
CHET Advisor 529 College Portfolio	6224	6225	6227
Static Allocation Portfolios	Class A	Class C	Class I*
CHET Advisor 529 Aggressive Growth Portfolio	6258	6259	6261
CHET Advisor 529 Moderate Growth Portfolio	6262	6263	6265

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4. Investment Options *continued*

Individual Fund Portfolios	POOL NUMBERS		
	Class A	Class C	Class I*
CHET Advisor 529 Asset Manager 60% Portfolio	6266	6267	6269
CHET Advisor 529 Diversified International Portfolio	6270	6271	6273
CHET Advisor 529 Dividend Growth Portfolio	6274	6275	6277
CHET Advisor 529 Equity Dividend Income Portfolio	6282	6283	6285
CHET Advisor 529 Equity Growth Portfolio	6278	6279	6281
CHET Advisor 529 Growth Opportunities Portfolio	6288	6289	6291
CHET Advisor 529 Inflation-Protected Bond Portfolio	6296	6297	6299
CHET Advisor 529 Limited Term Bond Portfolio	6300	6301	6303
CHET Advisor 529 New Insights Portfolio	6304	6305	6307
CHET Advisor 529 Small Cap Portfolio	6308	6309	6311
CHET Advisor 529 Stable Value Portfolio	6332	6333	6335
CHET Advisor 529 Stock Selector Mid Cap Portfolio	6312	6313	6315
CHET Advisor 529 Strategic Dividend & Income Portfolio	6316	6317	6319
CHET Advisor 529 Strategic Income Portfolio	6320	6321	6323
CHET Advisor 529 Sustainable Multi-Asset Portfolio	6890	6891	6892
CHET Advisor 529 Total Bond Portfolio	6324	6325	6327
CHET Advisor 529 Value Strategies Portfolio	6328	6329	6331

* Class I Units are available to purchase through a broker dealer, registered investment adviser, trust institution, or a bank department that charges an asset-based or management fee and has elected to make Class I Units available for purchase to their clients. Check with your representative to determine if Class I Units are available for purchase through your representative's firm. Class I Units are the only share class available to purchase through a registered investment adviser. If your financial representative is a registered investment adviser and a share class other than Class I is selected, Fidelity will default your investment choice to Class I of the pool indicated.

5. Beneficiaries

Beneficiary 1 Initial Investment

Citizenship (Nonresident Aliens may not be designated as Beneficiaries): U.S. Citizen U.S. Resident Alien

First Name	M.I.	Last Name	Suffix
SSN or TIN <i>required</i>		Date of Birth <i>MM DD YYYY</i>	For UGMA/UTMA 529 Plan Only: Under the (state) Age of Minor

UGMA/UTMA: If state is left blank, the state listed in Section 1 will be the designated state.

Relationship to Participant: Child Grandchild Relative Other

Complete address section if Beneficiary's address does not match the Participant's address in Section 1.

Street Address	Apartment
City	State Zip/Postal Code

Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section.

Pool Number 1	Amount 1 (\$)	OR	Percent 1	Pool Number 2	Amount 2 (\$)	OR	Percent 2
	\$		%		\$		%
Pool Number 3	Amount 3 (\$)	OR	Percent 3	Pool Number 4	Amount 4 (\$)	OR	Percent 4
	\$		%		\$		%

BIN <i>if applicable</i>

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5. Beneficiaries *continued*

Beneficiary 2 Initial Investment

Citizenship (Nonresident Aliens may not be designated as Beneficiaries): U.S. Citizen U.S. Resident Alien

First Name	M.I.	Last Name	Suffix
SSN or TIN <i>required</i>		Date of Birth <i>MM DD YYYY</i>	For UGMA/UTMA 529 Plan Only: Under the (state) Age of Minor

Relationship to Participant: Child Grandchild Relative Other

Street Address		Apartment	
City		State	Zip/Postal Code

Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section.

Pool Number 1	Amount 1 (\$)	OR	Percent 1	Pool Number 2	Amount 2 (\$)	OR	Percent 2
	\$		%		\$		%
Pool Number 3	Amount 3 (\$)	OR	Percent 3	Pool Number 4	Amount 4 (\$)	OR	Percent 4
	\$		%		\$		%

BIN *if applicable*

Beneficiary 3 Initial Investment

Citizenship (Nonresident Aliens may not be designated as Beneficiaries): U.S. Citizen U.S. Resident Alien

First Name	M.I.	Last Name	Suffix
SSN or TIN <i>required</i>		Date of Birth <i>MM DD YYYY</i>	For UGMA/UTMA 529 Plan Only: Under the (state) Age of Minor

Relationship to Participant: Child Grandchild Relative Other

Street Address		Apartment	
City		State	Zip/Postal Code

Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section.

Pool Number 1	Amount 1 (\$)	OR	Percent 1	Pool Number 2	Amount 2 (\$)	OR	Percent 2
	\$		%		\$		%
Pool Number 3	Amount 3 (\$)	OR	Percent 3	Pool Number 4	Amount 4 (\$)	OR	Percent 4
	\$		%		\$		%

BIN *if applicable*

6. Successor Participant Designation

Must be an individual or trust, not a corporation or joint account.

A Successor Participant must be at least 18 years of age and a U.S. resident.

Custodial accounts (UGMA/UTMA 529 Plan) and trusts are not eligible to add a Successor Participant.

I hereby designate the person named below as Successor Participant to receive the assets remaining in the account(s) listed in Section 1 upon my death.

By adding an individual as a Successor Participant you are not granting them trading authority. To authorize trading or inquiry access, you must complete the 529 College Savings Plan Trading Authorization and Indemnification form.

First Name	M.I.	Last Name	Suffix
SSN or TIN <i>required</i>	Trust Name <i>if applicable</i>		Date of Birth/Date of Trust <i>MM DD YYYY</i>
Relationship to Participant			

7. Contingent Successor Participant Designation *optional*

Must be an individual or trust, not a corporation or joint account.

A Contingent Successor Participant must be at least 18 years of age and a U.S. resident.

Custodial accounts (UGMA/UTMA 529 Plan) and trusts are not eligible to add a Contingent Successor Participant.

I hereby designate the person named below as Contingent Successor Participant to receive the assets remaining in the account(s) listed in Section 1 upon both my death and that of the Successor Participant. Relationship to Participant:

First Name	M.I.	Last Name	Suffix
SSN or TIN <i>required</i>	Trust Name <i>if applicable</i>		Date of Birth/Date of Trust <i>MM DD YYYY</i>
Relationship to Participant			

8. Reduced Sales Charge

Should you and/or your spouse have other investments in CHET Advisor 529 Account or Fidelity Advisor Funds,[®] you may qualify for a reduced sales charge on purchases of Class A units.

Refer to the Offering Statement for details.

Applicable account numbers are as follows:

A. Rights of Accumulation

Account Number	Applicable SSN/TIN	BIN
Account Number	Applicable SSN/TIN	BIN

B. Letter of Intent

I agree to the terms of the Letter set forth in the CHET Advisor 529 Offering Statement. Although I am not obligated to do so, it is my intention to invest over a 13-month period in units that total an aggregate amount at least equal to that indicated below. If the amount indicated is not invested within 13 months, reduced sales charges do not apply. Refer to the Offering Statement for additional details.

The aggregate amount will be at least:

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

9. Systematic Investment Program

Complete Section 11 to establish Fidelity Advisor Money Line for this program.

Frequency: Monthly or Quarterly. Program begins with the first available business cycle, based on date selected. If a frequency is not selected, transaction will occur monthly.

Transaction dates falling on non-business days will occur the next business day. If a selection is not made or is invalid, the transaction will occur on the 15th.

Fidelity requests the draft from your bank account 2 business days prior to the investment date.

Beneficiary 1 First Name	M.I.	Beneficiary 1 Last Name	Suffix
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Pool Number 1	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q
Pool Number 2	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q
Pool Number 3	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q
Pool Number 4	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q

Beneficiary 2 First Name	M.I.	Beneficiary 2 Last Name	Suffix
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Pool Number 1	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q
Pool Number 2	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q
Pool Number 3	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q
Pool Number 4	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q

Beneficiary 3 First Name	M.I.	Beneficiary 3 Last Name	Suffix
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Pool Number 1	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q
Pool Number 2	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q
Pool Number 3	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q
Pool Number 4	Dollar Amount \$	Start Date MM DD YYYY	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q

NOTE: An account's annual maintenance fee will be waived through the establishment of a systematic investment program on an account.

10. Initial Funding

- Initial purchase made by ACH using the bank account provided in Section 11. (We will process a one-time ACH debit from your bank account* for the amount listed below with the allocations listed in Section 5. By selecting this option you are opting into the Money Line feature; see Section 11 for more details.)

Beneficiary 1 First Name	M.I.	Beneficiary 1 Last Name	Suffix

Beneficiary 1 Amount†
\$ <input type="text"/>

Beneficiary 2 First Name	M.I.	Beneficiary 2 Last Name	Suffix

Beneficiary 2 Amount†
\$ <input type="text"/>

Beneficiary 3 First Name	M.I.	Beneficiary 3 Last Name	Suffix

Beneficiary 3 Amount†
\$ <input type="text"/>

To establish a recurring purchase, please see Section 9 for information to establish a systematic investment program.

* If the CHET Advisor 529 account and the bank account identified DO NOT include at least one common owner, the CHET Advisor 529 participant and all bank account owners must sign in Sections 13 and 14 and have their signatures notarized.

† Maximum daily ACH purchase limit of \$100,000 per fund.

- Do not establish Electronic Payment via Fidelity Advisor Money Line with the information from my initial investment check.



11. Bank Information/Fidelity Advisor Money Line®

Provide bank information to establish the Bank Wire feature on the account referenced in Section 1. Some transaction limits may apply. See your Financial Representative for details.

Fidelity Advisor Money Line allows you and/or your Financial Representative to electronically transfer money, via the Automated Clearing House (ACH), between the bank/credit union account listed below and the account listed in Section 1, systematically or on demand. Money Line will be automatically added to your account using the bank information from the attached initial investment check or listed bank account below, provided there is at least one common name on the bank account and the Fidelity account registration, unless you have checked the box to opt out in Section 10.

Establish Bank Wire feature to allow proceeds to be transferred via the Federal Reserve System.
Payment will be wired to your bank account. Your bank may charge a fee for this transaction.

Provide a preprinted voided check along with this form (preferred).

OR

Enter your bank information in the fields to the right.

▶ This feature is restricted for distributions for 10 calendar days after activation.

Bank Name			
Bank Account Owner First Name	M.I.	Bank Account Owner Last Name (or entity name)	Suffix
Additional Bank Account Owner First Name	M.I.	Additional Bank Account Owner Last Name	Suffix
ABA Routing Number	Bank Account Number		

If no box is checked, we will default to checking.

Bank Account Type: Checking Savings

If the Fidelity Advisor 529 Plan account and the bank account identified DO NOT include at least one common owner, the Fidelity Advisor plan participant must sign in Section 13 and have their signatures notarized. Additionally, for Money Line only - All bank account owners must also sign in Section 14 and have their signatures notarized. If a company check is provided, all account owners must sign the request and a corporate resolution is required.



12. Dollar Cost Averaging/Systematic Exchange

A \$50 minimum exchange between Portfolios is required.

The establishment of Dollar Cost Averaging is considered one of the two exchanges among Portfolios allowed per calendar year. Refer to the Offering Statement for additional details.

Frequency: **Monthly**, Quarterly, Semiannually, or Annually. Program begins with the first available business cycle, based on inception date selected. If a frequency is not selected, transaction will occur monthly.

Transaction dates falling on non-business days will occur the previous business day. If a selection is not made, or is invalid, the transaction will occur on the 15th.

Use for systematic exchanges between Portfolios within the CHET Advisor 529 account. Systematic exchange instances between the same from-and-to fund combination must be for the same amount and frequency and cannot exceed four instances.

Inception Date	MM	YYYY

Beneficiary 1 First Name	M.I.	Beneficiary 1 Last Name	Suffix

From: Pool Number	To: Pool Number	Frequency	Day	Whole Dollar Amount
		<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A		\$.

Beneficiary 2 First Name	M.I.	Beneficiary 2 Last Name	Suffix

From: Pool Number	To: Pool Number	Frequency	Day	Whole Dollar Amount
		<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A		\$.

Beneficiary 3 First Name	M.I.	Beneficiary 3 Last Name	Suffix

From: Pool Number	To: Pool Number	Frequency	Day	Whole Dollar Amount
		<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A		\$.

13. Account Owner Signatures and Dates Form cannot be processed without signatures and dates.

Participants must READ this section, the Offering Statement, and the Participation Agreement. SIGN this section in ink.

Participation Agreement Acknowledgement
<ul style="list-style-type: none"> By signing below, I agree to participate in the CHET Advisor 529 Plan. I acknowledge that I have read, understood, and agree to the terms and conditions set forth in the Participation Agreement. I understand that the Participation and its enforcement shall be governed by the laws of the State of Connecticut and is not subject to arbitration. It shall cover individually and collectively all accounts which the undersigned may hold under the Trust. It shall inure to the benefit of the Trust's successors and assigns, and the Participation Agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.
Authorization of Fidelity and Financial Representative
<ul style="list-style-type: none"> I hereby authorize Fidelity Investments Institutional Operations Company LLC (FIIOC) to accept instructions from both me or a representative of my intermediary firm, for transactions that result in funds being electronically transferred between my Fidelity account and my bank account.

- I understand that it is my responsibility to read the Offering Statement. I have read, understood, and agree to the terms and conditions set forth in the separate Offering Statement as is currently in effect and as may be amended from time to time.

- By signing below, I understand that Fidelity will treat all contributions to my account as non-rollover contributions until such time as Fidelity receives a completed 529 College Savings Plan Rollover form or such other documentation as Fidelity deems adequate and acceptable. If the contributions are rollover contributions from a Coverdell education savings account, qualified U.S. Savings Bond, or another 529 program, Fidelity will treat the entire amount of all such contributions as earnings in the 529 Plan account receiving the distribution until such time as Fidelity receives the appropriate additional documentation as specified on the 529 College Savings Plan Rollover form.
- I am of legal age, I have received and read the Offering Statement and Participation Agreement, and I agree to their terms. By signing below, I understand that all of the above items (if applicable) will apply to units of CHET Advisor 529 Portfolios into which my units may be exchanged or accounts to which my units may be transferred. I have authorized the Firm identified in Section 3 of this application to act as my agent to execute instructions made by me or on my behalf. I understand that by signing below I hereby ratify any instructions, given by me or the Firm identified in Section 3 of this application, including, without limitation, telephone or electronic instructions, given on this account relating to the above items

- and agree that neither CHET Advisor 529 nor FIIOC will be liable for any loss, cost, or expense for acting upon such instructions (by telephone, in writing, or electronically) believed to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions.
- By signing this application the undersigned Trustee(s) certify(ies) that the provided trust agreement or other organizational documents (or excerpts thereof) are true copies of the legal documents that are currently and validly in effect.
- FIIOC has the authority to accept orders and other instructions relative to the account(s) identified herein from those individuals or entities (the Trustee(s) or Custodian, as applicable) listed in Section 1. The Trustee(s)/Custodian may execute any documents on behalf of the trust/custodial account that FIIOC may require. By signing this form, the Trustee(s)/Custodian hereby certify(ies) that FIIOC is authorized to follow the instructions of any Trustee(s)/Custodian listed in Section 1 and to deliver funds or other assets in the account to any such Trustee(s)/Custodian or on any such Trustee(s)/Custodian's instructions, including delivering assets to such Trustee/Custodian personally. FIIOC, in its sole discretion and for its sole protection, may require the written consent of any or all Trustee(s)/Custodian prior to acting upon the instructions of any Trustee(s)/Custodian.

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13. Account Owner Signatures and Dates *Form cannot be processed without signatures and dates.*

- I understand that all the information I have provided in this application, all the terms and conditions to which I have consented, and the certifications contained herein are true and accurate, and will apply to any new Portfolio(s) in which I invest.
- I understand that neither the Portfolio(s) nor Fidelity Distributors Company LLC is a bank, and Portfolio(s) are not backed or guaranteed by any bank or insured by the FDIC.
- If I have completed Section 12, I hereby authorize FIIOC to make exchanges within this account in accordance with the instructions given and agree that neither the Portfolio nor FIIOC will be liable for any loss, cost, or expense for acting upon such instructions. I acknowledge that the establishment of the Dollar Cost Averaging option is considered one of the two exchanges among Portfolios allowed per calendar year.
- I hereby authorize FIIOC, upon either receiving instructions from me, the intermediary firm for my account, or in accordance with the instructions provided in Section 3, 9, 10, or 11 of this Application, to make payments of amounts representing redemptions by me, or distributions payable to me, or to secure payments of amounts to be invested by me, by initiating credit or debit entries to the account indicated in Section 11 (Bank). I authorize and request the Bank indicated in Section 11 to accept such entries from FIIOC, and to credit or debit, as indicated, my account at that Bank in accordance with these entries. I hereby ratify any instructions given pursuant to this authorization and agree that neither the Portfolio nor FIIOC will be liable for any loss, liability, cost, or expense for establishing these privileges or acting upon such instructions. I acknowledge that this authorization may only be revoked by providing written notice of revocation to FIIOC, in such time and manner as to afford FIIOC and the Bank a reasonable opportunity to act upon it.
- Portfolio units are not deposits or obligations of, or guaranteed by, any depository institution. Units are not insured by the FDIC, the Federal Reserve Board, or any other agency, and are subject to investment risks, including possible loss of principal amount invested.
- **I certify under penalties of perjury that I am a U.S. person (including a U.S. resident alien) and the Social Security or Taxpayer Identification Number provided is correct.**
- Your account balance and certain uncashed checks issued from your account may be transferred to a state unclaimed property administrator if no activity occurs in the account or the check remains outstanding within the time period specified by the applicable state law.

Your signature must be notarized if the bank account identified in Section 11 does not include at least one common owner. The account owner must sign and notarize Section 13 and all bank account owners must sign Section 14 and have their signatures notarized.

Print Account Owner/Custodian/Trustee Name <i>First, M.I., Last (Required)</i>	
Account Owner/Custodian/Trustee Signature* <i>(Required)</i> Date <i>MM - DD - YYYY</i>	
SIGN ▶	▶

Print Additional Trustee Name <i>First, M.I., Last</i>	
Additional Trustee Signature* Date <i>MM - DD - YYYY</i>	
SIGN ▶	▶

* Electronically signed documents may only be submitted by your intermediary firm, which has executed a signed Electronic Signature Use and Indemnification Agreement with FIIOC, and no notary or signature guarantee is required.

Statement of Notary Public *In this section, "You" and "you" refer to the Notary Public.*

You certify that the individual signing above appeared before you on the date indicated below, 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 of their own free will.

NOTARIZATION 1		
State	County	Identification
Print Notary Name		Commission Expires <i>MM - DD - YYYY</i>
Notary Signature		Date <i>MM - DD - YYYY</i>
SIGN ▶	▶	

NOTARIZATION 2		
State	County	Identification
Print Notary Name		Commission Expires <i>MM - DD - YYYY</i>
Notary Signature		Date <i>MM - DD - YYYY</i>
SIGN ▶	▶	

▶ NOTARY STAMP OR SEAL ▶

▶ NOTARY STAMP OR SEAL ▶

14. Bank Owner Signatures and Dates Required if different from Fidelity account owner.

If the Fidelity account owners name does not appear on the bank account listed in Section 11, bank owner signature(s) and a notary are required for each bank owner in Section 14.

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

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

NOTARIZATION 3

State	County	Identification
Print Notary Name		Commission Expires <i>MM - DD - YYYY</i>
Notary Signature		Date <i>MM - DD - YYYY</i>
SIGN ▶	▶	

NOTARIZATION 4

State	County	Identification
Print Notary Name		Commission Expires <i>MM - DD - YYYY</i>
Notary Signature		Date <i>MM - DD - YYYY</i>
SIGN ▶	▶	

▼ NOTARY STAMP OR SEAL ▼

▼ NOTARY STAMP OR SEAL ▼





To help the government fight financial crimes, Federal regulation requires Fidelity to obtain 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.

Did you sign the form, and attach any necessary documents? Send the form and any necessary documents to Fidelity.

UPLOAD THROUGH WEB

Log into Accounts.Fidelity.com

Instructions for Shareholders:

1. Under "Manage Accounts, Other Services," go to the "Upload Documents" link.
2. Follow instructions on the web portal and click "UPLOAD DOCUMENTS."

Instructions for Financial Representatives:

1. Under "Quick Links" on the landing page, go to the "Upload Documents" link.
2. Follow instructions on the web portal and click "UPLOAD DOCUMENTS."

FAX

888-321-7349

MAIL

Fidelity Investments Institutional Operations Company LLC (FIIOC)

Regular: P.O. Box 770002, Cincinnati, OH 45277-0082

Overnight: 100 Crosby Parkway, KC1G, Covington, KY 41015

IMPORTANT: If an original signature guarantee or notary is required, this form must be mailed.

Questions? For help completing this form, call 800-522-7297 (Financial Representatives) or 877-208-0098 (Shareholders), or visit accounts.fidelity.com.

CHET Advisor 529 Plan is offered by the State of Connecticut and managed by Fidelity Investments.

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Fidelity Investments Institutional Operations Company LLC
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