



Fidelity Advisor

Transfer on Death (TOD) Account Registration

Use this form to establish a transfer on death (TOD) registration on your designated nonretirement account, which enables you to designate beneficiaries on your account. This registration can only be applied to individual, joint tenant with rights of survivorship, or tenants by entirety accounts.

Type on screen or fill in using CAPITAL letters and black ink.

Helpful to Know

- This form preempts any terms in your will concerning the accounts in question. You may want to review this document with a tax, financial, or legal adviser.
- Transfer on Death registrations are not available in **Louisiana**. Please consider consulting an attorney, tax professional, or estate planner familiar with your particular situation.
- The registered account owner(s) retain full ownership and authority on the account.
- When all of the account owners are deceased, the share balance in the account will be transferred to the beneficiary(ies) identified on this form after the beneficiaries have submitted appropriate documentation to Fidelity Investments Institutional Operations Company LLC (FIIOC). FIIOC has no responsibility for locating beneficiaries.
- If this designation is for a new account, a Fidelity Advisor Funds Individual New Account application must be completed along with this form.
- **If you do not understand the transfer on death account registration, or any provision of it, then you should obtain the assistance of your Financial Representative as this registration may affect tax strategies and estate planning.**
- This registration may be canceled or changed at any time by the account owner(s) without consent of the beneficiary(ies) by submission of a revocation or change in a form and manner acceptable to FIIOC.
- For purposes of this form, "I" refers to all account owners.

1. Registered Owner

Account Registration

Check one. ☐ Individual ☐ Joint – Rights of Survivorship ☐ Joint – Tenants by Entirety

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

Registered Owner First Name		M.I.	Registered Owner Last Name	
Mobile Phone Number <i>Used as your primary phone</i>		Email Address*		
Registered Owner SSN <i>required</i>				Account Number <i>required</i>
Registered Joint Owner First Name		M.I.	Registered Joint Owner Last Name	
Mobile Phone Number <i>Used as your primary phone</i>		Email Address*		

* See Electronic Delivery section for more details.

2. Electronic Delivery

IMPORTANT: By signing this form, 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. Beneficiary Designation

To designate additional beneficiaries, attach additional beneficiary information.

If your beneficiary is an entity (other than a trust), include the name, address, and tax identification number of the entity. Attach a separate sheet with this information if necessary.

I hereby designate the person(s) named below as primary beneficiary(ies) to receive the assets remaining in the account listed in Section 1 upon my death, or at the time of the death of the surviving account owner, if the account is owned by more than one person. I understand that if a primary beneficiary does not survive me or disclaims their designated share, the percentage of that deceased beneficiary's designated share shall be equally divided among the surviving primary beneficiary(ies).

If more than one primary beneficiary is named and no percentages are indicated, payment shall be made in equal shares to my primary beneficiary(ies) who survive me. If there is no primary beneficiary living at the time of my death, the assets will be transferred to the contingent beneficiary(ies) I designate below.

In the event a distribution is payable to a person known by FIIOC to be a minor, or otherwise under a legal disability, FIIOC may, in its discretion, transfer the proceeds to (i) a parent of such person, (ii) the guardian, conservator, or other legal representative, wherever appointed, of such person, (iii) a custodial account established under a Uniform Transfers to Minors Act, or similar act, (iv) any person having control or custody of such person, or (v) to such person directly.

ALL FIELDS ARE REQUIRED

Primary Beneficiaries

1.	<table><tr><td>Beneficiary or Trustee First Name</td><td>M.I.</td><td>Beneficiary or Trustee Last Name</td><td>Date of Birth or Trust MM DD YYYY</td></tr><tr><td colspan="3">Name of Trust (if applicable)</td><td>SSN or TIN</td></tr></table>	Beneficiary or Trustee First Name	M.I.	Beneficiary or Trustee Last Name	Date of Birth or Trust MM DD YYYY	Name of Trust (if applicable)			SSN or TIN	<table><tr><td colspan="2">Relationship</td></tr><tr><td>Spouse <input type="checkbox"/></td><td>Other <input type="checkbox"/></td></tr><tr><td colspan="2">% of Benefit</td></tr><tr><td colspan="2">%</td></tr></table>	Relationship		Spouse <input type="checkbox"/>	Other <input type="checkbox"/>	% of Benefit		%	
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Relationship																		
Spouse <input type="checkbox"/>	Other <input type="checkbox"/>																	
% of Benefit																		
%																		

Primary beneficiary percentages must total 100%.

TOTAL %

continued on next page

3. Beneficiary Designation *continued*

Contingent Beneficiaries

To designate additional beneficiaries, attach additional beneficiary information.

If your beneficiary is an entity (other than a trust), include the name, address, and tax identification number of the entity. Attach a separate sheet with this information if necessary.

If no primary beneficiary designated above is living at the time of my death, or at the death of the surviving account holder (if the account is owned by more than one person), the assets remaining in the account listed in Section 1 shall be distributed to the beneficiary(ies) designated below. If a contingent beneficiary does not survive me or disclaims their designated share, the percentage of that deceased beneficiary's designated share shall be equally divided among the surviving contingent beneficiary(ies).

If more than one contingent beneficiary is named and no percentages are indicated, payment shall be made in equal shares to my contingent beneficiary(ies) who survive me. If the death of all primary and contingent beneficiaries precedes my death, the account assets will be distributed to my estate.

In the event a distribution is payable to a person known by FIIOC to be a minor, or otherwise under a legal disability, FIIOC may, in its discretion, transfer the proceeds to (i) a parent of such person, (ii) the guardian, conservator, or other legal representative, wherever appointed, of such person, (iii) a custodial account established under a Uniform Transfers to Minors Act, or similar act, (iv) any person having control or custody of such person, or (v) to such person directly.

1.	Beneficiary or Trustee First Name	M.I.	Beneficiary or Trustee Last Name	Date of Birth or Trust MM DD YYYY	Relationship Spouse <input type="checkbox"/> Other <input type="checkbox"/>
	Name of Trust (if applicable)			SSN or TIN	% of Benefit
2.	Beneficiary or Trustee First Name	M.I.	Beneficiary or Trustee Last Name	Date of Birth or Trust MM DD YYYY	Relationship Spouse <input type="checkbox"/> Other <input type="checkbox"/>
	Name of Trust (if applicable)			SSN or TIN	% of Benefit
3.	Beneficiary or Trustee First Name	M.I.	Beneficiary or Trustee Last Name	Date of Birth or Trust MM DD YYYY	Relationship Spouse <input type="checkbox"/> Other <input type="checkbox"/>
	Name of Trust (if applicable)			SSN or TIN	% of Benefit

Contingent beneficiary percentages must total 100%.

TOTAL % _____

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

All account owners must sign this form.

- I understand that the account indicated in Section 1 is being registered under the Commonwealth of Massachusetts Transfer on Death Security Registration Act. This agreement shall be construed, administered, and enforced according to the laws of the Commonwealth of Massachusetts, except as superceded by federal law or statute, and shall be binding upon my heirs, personal representatives, successors and assigns, and all beneficiaries I have designated herein.
- I, including my estate and my successors-in-interest, including all beneficiaries, shall fully indemnify and hold harmless FIIOC, its agents, affiliates, control persons, successors, and assignees and their directors, officers, employees, and agents from and against all claims, actions, costs and liabilities, including attorneys' fees, by or to any person or entity, including any beneficiary, any of my creditors, or my estate and my heirs, successors, and assigns, arising out of or relating to:
 - Any conflicting designation of beneficiary under this form made in my will, revocable living trust, or any other instrument.
 - Any written change of beneficiaries that I have made that has not been accepted by FIIOC as provided herein.
 - Any other action taken by FIIOC in opening and maintaining an account under this registration, registering assets in the name of the account, and completing transfers from the account upon my death.
- In the event of reasonable doubt respecting the proper course of action to be taken with respect to account assets, FIIOC reserves the right, in its sole and absolute discretion, to resolve such doubt by judicial determination, which shall be binding on all parties claiming any interest in the account. In such event, all court costs, legal expenses, and other appropriate and pertinent expenses shall be borne by the assets of the account in such manner as FIIOC, in its sole discretion, shall determine.
- The terms of this registration may be amended or revoked by FIIOC at any time by written notice sent to the account owner(s).
- The designation of beneficiaries I am making and any future changes to those designations will be effective only when accepted by FIIOC. When accepted by FIIOC, the designation in this form will replace any earlier designation I have made.

Print Registered Owner Name *First, M.I., Last*

Registered Owner Signature

Date *MM - DD - YYYY*

SIGN ▶

▶

Print Registered Joint Owner Name *First, M.I., Last (if applicable)*

Registered Joint Owner Signature *if applicable*

Date *MM - DD - YYYY*

SIGN ▶

▶

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:

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

Instructions for Financial Representatives:

- Under "Quick Links" on the landing page, go to the "Upload Documents" link.
- 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.

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Fidelity Investments Institutional Operations Company LLC
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