# Fidelity Investments

## 457(f) Beneficiary Designation

### 1. GENERAL INSTRUCTIONS

Please complete this form and sign it on the back. In the future, you may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity.

**Mailing instructions:** Return this form in the enclosed postage-paid envelope or to

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

**Questions?** Call Fidelity Investments at 1-800-343-0860, Monday through Friday, from 8:00 A.M. to midnight ET, or visit us at www.fidelity.com/atwork.

### 2. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to three primary and three contingent beneficiaries. To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper.

**When designating primary and contingent beneficiaries, please use whole percentages** and be sure that the percentages for each group of beneficiaries total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the date the trust was created, and the trustee’s name.

Unless otherwise specified by your plan, if more than one person is named and no percentages are indicated, payment will be made in equal shares to your primary beneficiary(ies) who survives you. If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary’s designated share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentage selected for them.

### 3. AUTHORIZATION

*Please provide your signature in the appropriate section.*
1. YOUR INFORMATION

Please use a black pen and print clearly in CAPITAL LETTERS.

Social Security #: ___________________________ Date of Birth: ________________
First Name: __________________________________
Last Name: __________________________________
Mailing Address: __________________________________
Address Line 2: __________________________________
City: __________________________________ State: __________________
Zip: _______________________________________
Daytime Phone: ____________________________ Evening Phone: _______________________
E-Mail: __________________________________
Plan Number (if known): __________________________

I am: [ ] Single [ ] Married

2. DESIGNATING YOUR BENEFICIARY(IES)

☐ Please check here if you have more than two primary or contingent beneficiaries.

Primary Beneficiary(ies)
I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

1. Individual: [ ] OR Trust Name: __________________________

Social Security Number: __________________________ OR Tax ID Number: __________________________ Percentage: __________________________

Date of Birth or Trust Date: __________________________ Relationship to Participant: __________________________

☐ Spouse/Domestic Partner [ ] OR [ ] Trust [ ] OR [ ] Estate [ ] OR [ ] Other

Trustee Name (if applicable): __________________________
Primary Beneficiary(ies) continued

2. Individual:          OR          Trust Name:          
Social Security Number: OR          Tax ID Number:          Percentage:          
Date of Birth or Trust Date:          Relationship to Participant:          Total = 100%

Trustee Name (if applicable):          

Contingent Beneficiary(ies)

If there is no primary beneficiary(ies) living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below. Please note: Your primary beneficiary cannot be your contingent beneficiary.

1. Individual:          OR          Trust Name:          
Social Security Number: OR          Tax ID Number:          Percentage:          
Date of Birth or Trust Date:          Relationship to Participant:          Total = 100%

Trustee Name (if applicable):          

2. Individual:          OR          Trust Name:          
Social Security Number: OR          Tax ID Number:          Percentage:          
Date of Birth or Trust Date:          Relationship to Participant:          Total = 100%

Trustee Name (if applicable):          

Payment to contingent beneficiary(ies) will be made according to the rules of succession described in the instructions.

Please provide signature on next page.
3. SIGNATURE AND AUTHORIZATION

**Individual Authorization:** By executing this form

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct.
- I understand that I may designate a beneficiary for my assets accumulated under the Plan and that if I choose not to designate a beneficiary, my beneficiary distributions will be made based on the provisions of the Plan.
- I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver another completed and signed Beneficiary Designation Form to Fidelity with a later date.
- I am aware that the beneficiary information provided herein shall apply to all my Fidelity Accounts under the plan listed in Section 1.

**Your Signature:**  

**Date:**

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Fidelity Investments Institutional Operations Company, Inc.