Use this form to: Perform a rollover from your previous employer-sponsored retirement plan at Fidelity to your current employer-sponsored retirement plan at Fidelity.

1. Account Owner (Participant) Includes current or former employee, beneficiary, or qualified	d alternate payee.
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Phone numbers are for questions about this transaction only; they do not update your account information.	Name		Social Security or Taxpayer ID Number Required Information			
	Date of Birth MN	И-DD-YYYY	Evening Phone	Daytime Phone		
If you are married, your spouse may need to sign this form. Ask your employer or Fidelity.						
	Married	Not married	•			

Please provide a valid phone number where you can be reached, as Fidelity may need to contact you regarding this request.

2. Complete the Following Steps Describing the Rollover

Step 1: Payment Option: Lump-Sum Rollover FROM the following plans

Step 1: Payment Option: Lump-Sum Rollover FROM the following plan:					
Name of Employer Plan				Plan Number	
Plan Sponsor Verification of the distributing pl. This signature must be from an authorized repre	an esentative of the employer.	Vesting Percentage	Termination	Date	
Name of Plan Representative (please print)	Signature		D	ate MM-DD-YYYY	
	SIGN				

Please return this form to the participant and not to Fidelity.

Step 2: Rollover INTO the following plan using my rollover mix on file. If no rollover mix is on file, use my deferral mix; if no deferral mix, then use the plan's default fund:

Name of Employer Plan	Plan Number

Plan Sponsor Verification of the "INTO" plan

This signature must be from an authorized representative of the employer of the "INTO" plan.

Name of Plan Representative (please print)	Signature	Date MM-DD-YYYY
	SIGN	

3. After Tax/Roth

Step 3: If you have <u>not</u> made after-tax or Roth contributions to your retirement account or you intend to roll over 100% of your distribution to the "INTO" plan referenced above, please SKIP THIS SECTION.

After Tax Contributions (excluding Earnings)
Rollover to an IRA at Fidelity.
Rollover to an IRA with a different custodian.
Send a check directly to me as

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s a non-rollover distribution.

Roth Account

Rollover to a Roth IRA at Fidelity.

Rollover to a Roth IRA with a different custodian.

Account Number								

IRA Custodian: The check will be made payable to the IRA Custodian

Send a check directly to me as a non-rollover distribution.

If you choose to have your Roth Account paid to you directly as a non-rollover distribution, taxable earnings will be subject to 20% mandatory Federal income tax withholding. State taxes will also be withheld, if applicable. You may owe additional taxes besides the amount withheld. A 10% early distribution tax penalty may also apply if you are under 59½.

4. Spouse's Consent Complete if you are married AND if required by your plan.

The spouse's signature MUST either be notarized or be witnessed by a plan representative. A signature guarantee is NOT a notary seal. By signing below, you:

- Voluntarily consent to the distribution(s) indicated on this form, knowing that your spouse's request is not valid without your consent.
- Acknowledge that you may be giving up your right to receive assets that would otherwise go to you upon your spouse's death.
- Acknowledge that your spouse's waiver of a qualified joint and survivor annuity, if applicable, is not valid without your consent.
- Agree that if the distribution described in this form is not processed within 180 days of the date you sign this form, your consent expires.
- · Acknowledge that you cannot take back your consent unless your spouse allows you to, and files a new form with Fidelity.

Print Spouse Name	
Spouse Signature	Date MM-DD-YYYY
SIGN	

Notarization or Plan Representative Witness

(Notary only.) State of	, in the County of	_, subscribed	and sworn to	before	me
by the above-named in	dividual who is personally known to me or who has produced		as identificatio	n, that	the
foregoing statements	were true and accurate and made of his/her own free act a	and deed, on	/	/	

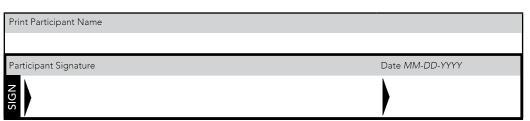
Print Notary/Plan Representative Name		→ NOTARY SEAL/S
Notary/Plan Representative Signature	Date MM-DD-YYYY	
SIGN		
	,	

(Notary only.) My commission ends on _____ / _____ / _____.

5. Signature and Date Account owner/participant must sign and date.

By signing below, you:

- Authorize Fidelity to act on all instructions given on this form.
- Accept all terms and conditions described in this form.
- Certify that all information you provided is correct to the best of your knowledge.
- Acknowledge that you have received the Special Tax Notice and, if applicable, the Forms of Benefit Notice and the Notice of the Waiver of the Qualified Joint and Survivor Annuity.



Unless otherwise directed, return this completed form:

Digitally using the NetBenefits® Mobile App

Download the NetBenefits® app through the App Store® or Google $Play^{TM}$ store.

Tap: Actions > Send a Document

Or use one of these alternate methods:

Regular Mail Fidelity Investments PO Box 770002 Cincinnati, OH 45277-0090 Overnight Mail Fidelity Investments 100 Crosby Pkwy, KC1E Covington, KY 41015