

Attorney in Fact Affidavit and Indemnification Form Durable Power of Attorney for Employer-Sponsored Retirement Account

Read this form carefully, use a pen, and print clearly

The Attorney in Fact (Agent) must complete this Affidavit and mail it to Fidelity Investments ("Fidelity") in order to exercise control over the Customer's account. The Agent must include a copy of the Customer's Durable Power of Attorney (POA) with this Affidavit.

This Affidavit will apply only to the Customer's Retirement Plan Account(s) named in Section 1. If value is transferred or rolled over to another account at Fidelity this Affidavit will not apply to that account.

If Fidelity accepts the POA and this Affidavit, the Agent will be able to exercise control over the Retirement Plan Account(s) listed in this Affidavit fifteen days after Fidelity mails an acceptance letter of this Affidavit to the Customer and to the Agent. This may delay requests by the Agent. Any request by the Agent for a distribution or loan from the Retirement Plan Accounts will be processed fifteen days after the acceptance letter is mailed.

Return the completed original Affidavit and a copy of Customer's Durable Power of Attorney to:

Fidelity Investments, PO Box 770002, Cincinnati, OH 45277-0090.

If you have any questions, please call 1-800-343-0860 Monday through Friday from 8:00 a.m. to midnight, Eastern Time.

1. CUSTOMER INFORMATION - To be completed by Customer or Attorney In Fact

Please use a pen and print clearly in CAPITAL LETTERS.

First Name & M.I.: Last Name:
Social Security #: --
Daytime Phone: -- Evening Phone: --

List name(s) of the Retirement Plan Account(s) subject to the attached POA

Plan No. 1: Fidelity Plan Number:
Plan No. 2: Fidelity Plan Number:
Plan No. 3: Fidelity Plan Number:

2. ATTORNEY IN FACT DESIGNATION AND INFORMATION - To be completed by Attorney In Fact Only

For the Retirement Plan Accounts referenced above the following individual has been designated as Attorney in Fact.

First Name & M.I.: Last Name:
Country of Citizenship if not U.S.:
Social Security #: -- Date of Birth: --
Daytime Phone: -- Evening Phone: --
Street Address: Apt. No:
City: State: Zip:

The Attorney in Fact may check the following boxes to receive copies of trade confirmations and periodic account statements mailed to the above address. Duplicate Confirmations Duplicate Statements

3. AFFIDAVIT AND INDEMNIFICATION - To be completed by Attorney In Fact Only

As the above-named Attorney in Fact, being duly sworn, I hereby depose and state that the attached Power of Attorney is in full force and effect, and to the best of my knowledge, I affirm and state that:

1. I am the Attorney in Fact named in the Power of Attorney executed on ____/____/____ by _____;
(Customer) Social Security Number _____; and
2. The Customer is not deceased, and has not partially or completely revoked, terminated, or suspended this Power of Attorney; and
3. A petition to determine the incapacity of, or to appoint a guardian or custodian for, the Customer is not pending; and
4. In the event that more than one Attorney in Fact is named in the attached Power of Attorney, I represent that I am authorized to act severally or individually and that Fidelity (as defined below) may follow any of my instructions independent of any other Attorney in Fact, including the delivery of assets to me personally; and
5. I understand that in the event of conflicting instructions given by an Attorney in Fact or the Customer and an Attorney in Fact, Fidelity may restrict the above-referenced account(s) from all transactions until joint written instructions are received to its satisfaction; and
6. I understand that Fidelity may, in its discretion, restrict my ability to take distributions, or withdrawals, or loans from any account or any other transactions after presentation of the Power of Attorney document; and
7. I understand that my authority to act as an Attorney in Fact may be restricted by the terms and provisions of the retirement plan(s) named in the Customer Information section; and
8. I agree not to exercise any powers granted to me by the attached Power of Attorney if I know or have reason to know that the Power of Attorney has been partially or completely revoked, terminated, or suspended or is no longer valid due to any reason whatsoever; including without limitation, death of the Customer, or revocation by operation of law; and
9. I agree not to give, transmit, convey or issue any instructions concerning the above-referenced account(s) that I know, or believe are not authorized by or otherwise not in compliance with, or in violation of the attached Power of Attorney; and
10. For the purpose of inducing Fidelity to act upon my instructions, I do fully indemnify and hold harmless Fidelity Brokerage Services LLC, National Financial Services LLC, Fidelity Service Company, Inc., Fidelity Distributors Company LLC, Fidelity Investments Institutional Operations Company LLC, Fidelity Management Trust Company, and their affiliates, subsidiaries, control persons, officers, directors, successors, assigns, and employees ("Fidelity") from and against any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from any and all transactions made in accordance with my instructions; and
11. The attached Power of Attorney will remain in full force and effect until such time as appropriate notification of termination or significant alteration is received by Fidelity at: Fidelity Investments, PO Box 770002, Cincinnati, OH 45277-0090.

I agree that any information given on this Affidavit and Indemnification may be subject to verification. If this form applies to a brokerage account I authorize Fidelity to obtain a credit or financial responsibility report on myself, and, upon request, Fidelity will provide the name and address of the credit reporting agency used. I agree to be bound by all terms and conditions set forth in any agreements relating to the Customer's account (including the applicable prospectus(es), Custodial Account Agreements, and Retirement Plan documents), including, in the case of a brokerage account, the pre-dispute arbitration agreement. This affidavit and the attached Power of Attorney shall be governed by Massachusetts law to the extent not superseded by federal law.

Signed under the pains and penalties of perjury.

Signature of Attorney In Fact:

X

Date:

MM-DD-YYYY

Notarization - The Attorney in Fact's signature must be notarized.

State of _____, in the County of _____

Subscribed and sworn to before me by the above-named Attorney in Fact who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on ____/____/____.

Notary Public:

Seal

My Commission Expires ____/____/____

