

Fidelity Investments® Beneficiary Distribution Form



General Instructions: Use this form if you are a beneficiary and wish to have assets moved to a beneficiary account in your name or request a distribution. To establish a beneficiary account, please complete this form and return it along with a certified copy of the decedent's death certificate to: **Fidelity Investments**, PO Box 770002, Cincinnati, OH 45277-0090 (regular mail) OR **Fidelity Investments**, Mailzone KC1E, 100 Crosby Parkway, Covington, KY 41015 (overnight mail). Please note that the certification must be original and that the death certificate will not be returned. Please understand that if the deceased participant's employer must sign the form, you must deliver the form to the employer. Please contact the employer or Fidelity for the employer's address.

Please call Fidelity Investments at 1-800-343-0860, or for the hearing impaired (TTY) 1-800-259-9743, Monday through Friday (except for New York Stock Exchange holidays), 8 a.m. to midnight, Eastern time:

- To discuss various payment options that may be available to you.
- If moving assets to a trust or the decedent's estate to determine requirements that may apply.
- To determine if the decedent's plan sponsor must sign this form before returning it.
- If you wish to name a beneficiary for your beneficiary account (additional form required).
- If you have any other questions.

Please consult a tax advisor to discuss your particular situation.

Method of Distribution: The chart below indicates which distribution options are available and which section of this form you should complete. Please note that the terms of the decedent's retirement plan may restrict your payment options. You should check with the decedent's employer or Fidelity to determine any restrictions that may apply.

Establish a Beneficiary Account in the Decedent's Fidelity Plan	Begin Installment Payments	Direct Rollover to an IRA or Employer Plan	Single Sum Payment	In-Plan Transfer/Exchange to Another Plan Provider	Begin or Continue Minimum Required Distributions (MRDs)
<p>Complete Sections:</p> <p>1. General Information (all)</p> <p>2A. Establish a Beneficiary Account and Move Funds to This Account Only</p> <p>5. Your Signature</p> <p>6. Decedent's Employer Signature (if applicable)</p>	<p>Complete Sections:</p> <p>1. General Information (all)</p> <p>4. Income Tax Withholding</p> <p>5. Your Signature</p> <p>6. Decedent's Employer Signature (if applicable)</p>	<p>Complete Sections:</p> <p>1. General Information (all)</p> <p>2C. Direct Rollover</p> <p>5. Your Signature</p> <p>6. Decedent's Employer Signature (if applicable)</p>	<p>Complete Sections:</p> <p>1. General Information (all)</p> <p>2D. Single Sum Payment</p> <p>4. Income Tax Withholding</p> <p>5. Your Signature</p> <p>6. Decedent's Employer Signature (if applicable)</p>	<p>Complete Sections:</p> <p>1. General Information (all)</p> <p>2E. Transfer/Vendor or Contract Exchange</p> <p>5. Your Signature</p> <p>6. Decedent's Employer Signature (if applicable)</p> <p>For this option you must provide a letter of direction from the receiving plan provider</p>	<p>Complete Sections:</p> <p>1. General Information (all)</p> <p>3. Minimum Required Distributions</p> <p>4. Income Tax Withholding</p> <p>5. Your Signature</p> <p>6. Decedent's Employer Signature (if applicable)</p>

Rollovers

Certain beneficiaries may take advantage of rollovers. Estates, charities, corporations, businesses, non look-through trusts, and LLCs are not allowed to take advantage of rollovers.

A **decedent's spouse beneficiary** may roll over any retirement plan source to another employer-sponsored retirement plan or to an IRA in the spouse's name. In regards to Roth 401(k) and Roth 403(b) sources, these may be rolled over only to a Roth IRA or to another employer's retirement plan that accepts a rollover of Roth accounts. When the beneficiary is a **look-through trust**, the spouse is a first-level beneficiary of the trust, and the trust allows for a distribution to the spouse, the trustee may direct Fidelity to effect a rollover in the name of the spouse rather than in the name of the trust. Verify that the employer-sponsored retirement plan will accept the rollover.

A **decedent's non-spouse beneficiary** who is a person or a look-through trust may roll over any sources to an inherited IRA, except for Roth 401(k) or Roth 403(b) sources. When a look-through trust applies, the inherited IRA will be in the name of the trust.

A **look-through trust** must comply with the IRS MRD rules. For more information see page 865, Q&A 5, at <http://www.irs.gov/pub/irs-irbs/irb02-19.pdf>.

Rollovers to or from 457(b) nongovernmental plans are not allowed.

If you choose a direct rollover to a Fidelity IRA and you do not have a Fidelity IRA, you must establish your IRA(s) either online at Fidelity.com or complete a Fidelity Investments Rollover IRA application.



Income Tax Withholding

Outstanding loans. If a loan is outstanding at the time of a decedent's death, the loan is treated as a taxable distribution to the decedent. Please call Fidelity at 1-800-343-0860 for more information.

Eligible rollover amounts. Eligible rollover amounts are amounts where the beneficiary may roll the death proceeds to another retirement plan or to an IRA, other than those types of payments described below in the non-eligible rollover section. Eligible rollover amounts that are not rolled directly to an IRA or another retirement plan are subject to mandatory withholding of 20% for federal income taxes. A spouse, non-spouse person, or look-through trust cannot elect out of this withholding.

Non-eligible rollover amounts that apply to beneficiaries. The following payments are **not** considered eligible rollover amounts: a minimum required distribution (MRD); substantially equal payments paid to a beneficiary over at least ten years; or, if less, the beneficiary's life expectancy; and payments from an account in a nongovernmental 457(b) plan.

Default federal income tax withholding. Taxable amounts that are not eligible for rollover are subject to federal income tax withholding unless the beneficiary elects out of withholding. If the payment(s) occurs in one tax year (a non-periodic payment), the default federal income tax withholding is 10%. When the payments are made over two or more tax years, the default federal income tax withholding is based on the withholding tables using married (filing joint return) with three withholding allowances. Payments to beneficiaries of a decedent's account in a nongovernmental 457(b) plan are not subject to mandatory withholding.

The beneficiary may elect more or less withholding or even no withholding. The beneficiary may include an IRS Form W-4P to direct Fidelity on the amount to withhold. The beneficiary of a nongovernmental 457(b) account may include an IRS Form W-4. Fidelity will follow beneficiary direction subject to plan rules.

State income taxes. Please note that some states require Fidelity Investments to withhold state income taxes. Fidelity is unable to withhold additional state taxes in excess of the amount required by state withholding tables.

Payments to addresses outside of the United States. If you are a nonresident alien, you must submit IRS Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, with this distribution request form to claim applicable tax treaty benefits. Please note that a payment to an address outside of the United States may be withheld at a 30% rate unless the nonresident alien payee submits a completed IRS Form W-8BEN. Please go to the IRS Web site, www.irs.gov, to download the form. IRS Publication 901, Table 1 provides tax withholding rate information when form W-8BEN is provided. If you provide an address that is outside the United States and its possessions, you may not elect out of withholding.

Signatures

Please sign and date in the space provided in order to avoid delays in processing your request.

A signature guarantee is required when a beneficiary account is established if plan sponsor approval is not required in Step 6. You may also need a signature guarantee when you request a distribution and plan sponsor approval is not required in Step 6 for distribution amounts over \$100,000 or when a change in address applies. See page 9 for details.

You may obtain a Medallion signature guarantee or any other signature guarantee for at least the estimated value of your distribution by contacting a Fidelity Investor Center; a national or state bank; savings banks in New York and Massachusetts; trust companies; federal savings and loan associations; or members of the New York, American, Boston, Midwest, or Pacific Stock Exchanges. Many of these organizations may participate in the Medallion signature guarantee program.

When you obtain a signature guarantee, please tell the person who provides the signature guarantee of the estimated amount of the distribution and ask if the signature guarantee that he or she is providing is sufficient for the transferred amount. If the signature guarantee that you obtain is not a Medallion signature guarantee, please include the name and telephone number of the person who supplies the signature guarantee. Please note that a notarized signature is not a substitute for a signature guarantee.

A Medallion signature guarantee contains a number with a letter prefix. The prefix letter indicates the degree of liability the guarantor is willing to assume. The degree of liability and the transaction amount must correspond to the letter prefix. If the letter prefix does not match the degree of liability, your distribution request will be returned for the proper letter prefix.

Fidelity Investments® Beneficiary Distribution Form

1. GENERAL INFORMATION

1A. Beneficiary Information—Please use a black pen and print clearly in CAPITAL LETTERS.

Please complete the following information if you are the beneficiary. If the beneficiary is an estate, trust, or other entity, please complete the information (skip Social Security Number and Date of Birth directly below) regarding the executor, trustee, or person authorized to receive payments.

SSN#: -- OR U.S. Tax ID #: -

Date of Birth: --

First Name & M.I.: Last Name:

Mailing Address: Apt No.:

City: State: Zip: -

Daytime Phone: -- Evening Phone: --

Type of Beneficiary:

☐ Spouse ☐ Non-Spouse Person ☐ Estate ☐ Other:

☐ Look-through trust ☐ Other trust

If the beneficiary is not a person (such as an estate, trust, or charity) please indicate the name and tax ID number of the entity:

Name of Entity:

Tax ID # of Estate, Trust or Charity: -

1B. Decedent Information

First Name & M.I.: Last Name:

SSN#: -- OR U.S. Tax ID #: -

Date of Birth: --

1C. Decedent's Employer (Plan Sponsor) Information

Name of Employer Sponsoring the Plan: Plan Number (if known):

City: State: Zip: -

If decedent died after age 69, include the date the decedent terminated employment with this employer:

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1D. Applicable Account

This authorization shall apply to all accounts of the employer named above. Check all applicable plans:

☐ 403(b) plan ☐ 401(a)/401(k) plan ☐ 457(b) governmental plan ☐ 457(b) nongovernmental plan

To take a distribution from plans of different employers, please complete a form for each employer.

Please note that rollovers cannot be made to or from 457(b) nongovernmental plans.

Employer signature is required for all 457(b) nongovernmental plans.

2. TYPE OF DISTRIBUTION

Please refer to the chart on the instructions page to determine which sections of the form need to be completed for the type of distribution you are requesting. Remember to provide your signature in Section 5 before returning this form.

☐ **2A. Establish a Beneficiary Account and Move Funds to This Account Only** – Please move the full value of my beneficiary interest in the decedent's account(s) to an account in my name under the Plan. I will request a distribution from this account at a later date.

☐ **2B. Begin Installment Payments** – Please indicate if you want payments paid over a number of years (option 1) or paid as a specific amount (option 2), or continue decedent's distributions (option 3). Then indicate the frequency of payments:

☐ 1. Over a period of years (not to exceed my life expectancy) **OR**

☐ 2. The following amount: \$, **OR**

☐ 3. Continue Installment Distributions based on descendant's last Installment request
(will not include missed installment payments)

Indicate the frequency of payments: ☐ Monthly ☐ Quarterly ☐ Annually

Indicate how you would like to receive your payment(s):

☐ By check (You should receive your first check in 7–10 business days from the date of distribution)

☐ Electronic Funds Transfer (EFT, or Direct Deposit, requires a 10-day setup period prior to processing a distribution)
(Complete the enclosed Fidelity EFT Application)

☐ Direct Deposit to Fidelity Investments nonretirement account #:

Please note that the payments may be subject to minimum required distribution (MRD) rules.

☐ **2C. Direct Rollover.**

2C.1. Amount of Rollover. Please check one of the three boxes below and complete required information.

☐ Roll over 100% of my account.

☐ Roll over % of my account.

☐ Roll over \$, .

If your account value is less than this amount, 100% of your account will be rolled over.

2C.2. Rollover Account. Select one of the two boxes below and complete the information requested.

☐ **Direct Rollover to a Fidelity IRA or Fidelity Roth IRA**

I acknowledge that I have read the Fidelity Cash Reserves prospectus. You can obtain a copy of the Fidelity Cash Reserves prospectus at Fidelity.com. The rollover will be accomplished by an electronic transfer to your Fidelity Investments account.

Fidelity IRA Account #:

Fidelity Roth IRA Account #:

☐ **Direct Rollover to an IRA with another custodian/trustee or to another employer-sponsored retirement plan.**

Please provide Fidelity with the name of the receiving custodian/trustee.

Name of Custodian/Trustee:

A check will be made payable to the receiving custodian/trustee on your behalf and will be mailed directly to you. Please forward the check to the receiving custodian/trustee/plan. Taxes will not be withheld.

Is this a Roth account? ☐ Yes **OR** ☐ No

2. TYPE OF DISTRIBUTION (CONTINUED)

2C.3. MRD Payment Prior to Direct Rollover. Please check one of the following two boxes regarding MRD payments and your rollover.

- ☐ Do not calculate my current calendar year's MRD payment and do not issue a check to me for the current year's MRD payment before the rollover occurs. Plans may require that an MRD be paid before a rollover may occur.
- ☐ Please calculate my current calendar year's MRD payment and issue me a check prior to rolling money to an IRA or another retirement plan. An MRD payment may reduce any rollover amount requested.

2C.4. After-Tax Contributions and Your Direct Rollover. If your account includes after-tax contributions, please check one of the boxes below.

- ☐ Include after-tax contributions in the rollover.
- ☐ Do not include after-tax contributions in the rollover and send me a check for the amount of after-tax contributions.

2C.5. Roth 401(k) or Roth 403(b) Sources and Your Direct Rollover.

- ☐ Include Roth source in the direct rollover (spouses only).
- ☐ Do not include Roth source in the rollover and send me a check for the amount of the Roth source.

☐ **2D. Single Sum Payment –** Please distribute the full value of my interest in the decedent's account(s) to me. **(Please note: Plans may require that an MRD be paid before a full payout may occur.)**

Indicate how you would like to receive your payment(s):

- ☐ By check (You should receive your check in 7–10 business days from the date of distribution)
- ☐ Electronic Funds Transfer (EFT, or Direct Deposit, requires a 10-day setup period prior to processing a distribution) (Complete the enclosed Fidelity EFT Application)
- ☐ Direct Deposit to Fidelity Investments nonretirement account #:

☐ **2E. Transfer/Vendor or Contract Exchange within the Plan Named in 1C—**I would like to move the full value of my interest in a decedent's account(s) to a non-Fidelity beneficiary account at the investment provider below.

Please provide a letter-of-acceptance from the receiving plan provider.

Name of new investment provider:

Name of Plan:

Account number of new provider:

Provider's address:

City: State:

Zip:

3. MINIMUM REQUIRED DISTRIBUTIONS

The minimum required distribution (MRD) rules differ for beneficiaries who are a spouse of a decedent, non-spouse persons, estate and other non-persons, and trusts. The rules also differ depending on whether the decedent dies before or after his or her MRD beginning date—that is, the date that the decedent was required to take MRD payments. Two sets of MRD payment methods that apply to beneficiaries when the participant dies before the required beginning date are the Five Year Method and the Life Expectancy Method.

As a beneficiary you can determine the annual amount of MRD payment that you wish to have Fidelity pay to you by completing all of Section 3A below. Or you can request Fidelity to calculate the MRD amount and automatically make payment to you by completing all of Sections 3A and 3B below. Payments may be determined by a specific dollar amount to be paid this calendar year, or a series of payments under the Five Year Method or the Life Expectancy Method.

If you elect the Five Year Method on this form, a schedule is developed to pay your MRD payments over a period not to extend beyond December 20 of the 5th anniversary year after the decedent died. If you are eligible and you elect the Life Expectancy Method, payments will be based on your life expectancy in accordance with an IRS Table. If the decedent died after his or her MRD required beginning date and the decedent's life expectancy was longer than your life expectancy, the decedent's MRD schedule of payments will apply. Please note that if the account owner died on or after his or her RBD (required beginning date), the MRD payment for the calendar year in which the account owner died must be satisfied as though the account owner were still living. If the account owner had received the required MRD amount during the calendar year of death, there would not be an additional MRD payment for that year. Special rules may apply to Trusts and Estates for the Five Year Method.

3A. Payment Amount, Method and Frequency. Complete: 3A.1., 3A.2., and 3A.3.

3A.1. Payment Amount. Choose one.

☐ Payment Amount \$ This amount will be treated as your annual MRD payment for this calendar year. Complete 3A.3 below. Do not complete 3A.2 in this Section or Section 3B below.

☐ I direct Fidelity to calculate my MRD Payment for this calendar year based on the information provided in this form. Complete Section 3B below.

3A.2. Indicate the frequency of payments: ☐ Monthly ☐ Quarterly ☐ Annually

3A.3. Indicate how you would like to receive your payment(s):

☐ By check (You should receive your check in 7–10 business days from the date of distribution)

☐ Electronic Funds Transfer (EFT, also known as Direct Deposit, requires a 10-day setup period prior to processing a distribution—complete the enclosed Fidelity EFT Application)

☐ Direct Deposit to a Fidelity Investments nonretirement account. When A2 is completed the payment occurs the 10th day of the period elected or on the next business day after the 10th day of the period if the 10th day is not a business day.

Account #:

3. MINIMUM REQUIRED DISTRIBUTIONS (CONTINUED)

3B. Information for Calculating MRD Payment. Complete part B1 (person), or B2 (Estate/Charity), or B3 (Trust)

3B.1. If the Beneficiary is a Person (spouse or non-spouse) please complete section a and b below

a. Sole or Multiple Beneficiaries: Choose (1) or (2) below. If you choose (2), please complete the additional information requested.

☐ (1) **Sole Beneficiary.** To my knowledge, I am the sole beneficiary of the decedent's retirement plan named in Section 1, General Information.

☐ (2) **Multiple Beneficiaries.** I am one of two or more beneficiaries of the decedent's retirement plan named in Section 1, General Information.

(2a) Was your beneficiary account established by 12/31 of the year following the decedent's death?

☐ Yes ☐ No If no, complete (2b) below.

(2b) If there is another beneficiary on the decedent's account, please provide the date of birth of the oldest beneficiary.

Date of Birth: -- or Age

(2c) **MRD Calculation Method.** Choose one.

☐ **Five Year Method.** Please distribute the entire account to me by December 31 of the 5th anniversary year of the Decedent's death using the declining factor method.

☐ **Life Expectancy Method.** Please base my MRD payment on the Life Expectancy Method. I understand that the payment will be based on the information I have provided in Section 1. General Information.

3B.2. Beneficiary is an estate, charity, or corporation. Choose one.

☐ **Five Year Method.** Please distribute the entire account to me by December 31 of the 5th anniversary year of the decedent's death using the declining factor method.

☐ **Life Expectancy Method.** This method may be elected only if the participant died after his/her MRD required beginning date.

3B.3. Beneficiary is a trust

(3a) **Type of trust.** Choose one. If left blank, Other Trust shall apply to the calculation.

☐ **Look-through trust:** This is a look-through trust described in Treasury Regulation 1.401(a)(9)-4 and allowed to base MRD payments on the Life Expectancy Method.

☐ **Other trust:** This trust is either not a look-through trust, or it is a look-through trust that does not qualify to use the Life Expectancy Method to calculate MRD payments.

(3b) **MRD calculation method selected.** Choose one.

☐ **Five Year Method.** Please distribute the entire account to me as trustee by December 31 of the 5th anniversary year of the decedent's death using the declining factor method.

☐ **Look-through trust – Life Expectancy Method.** Please base my MRD payment on the Life Expectancy Method. I understand that the payment will be based on information below in (i) and (ii).

(i) **Year of birth of beneficiary of the trust** whose life expectancy is to be used to calculate MRD Payments

Year:

(ii) **Is the beneficiary this spouse of the Decedent?** ☐ Yes ☐ No

☐ **Any trust – Life Expectancy Method.** Since the decedent died after his/her MRD required beginning date, use the life expectancy factor for the decedent's life.

4. INCOME TAX WITHHOLDING

Please refer to the instructions page before completing this section. Federal withholding rules are subject to Section 3405 of the Internal Revenue Code (Section 3401 for a nongovernmental 457(b) plan). Mandatory withholding applies to eligible rollover amounts that are paid to a beneficiary. Default withholding applies to all other situations unless you elect out of federal income tax withholding or your beneficiary account is in a 457(b) plan.

Federal Income Taxes

- ☐ I elect not to have federal income taxes withheld from my distribution. Eligible rollover amounts not directly rolled over are subject to mandatory withholding of 20% for federal income taxes. A payee cannot elect out of this withholding.
- ☐ I elect to have % withheld for federal income taxes.

State Income Taxes

- ☐ I elect not to have state income taxes withheld from my distribution. Please note that some states require state income taxes to be withheld.
- ☐ I elect to have state income taxes withheld according to state tax tables. Please note that Fidelity is unable to withhold additional state taxes.

5. YOUR SIGNATURE

- If I am a U.S. citizen or other U.S. person (including a resident alien individual), I hereby certify, under the penalties of perjury, that the number shown on this form is the correct Social Security number or taxpayer identification number. If I am a nonresident alien, 30% federal income tax withholding applies to my distribution unless a United States Tax Treaty allows a lower withholding rate. To take advantage of a lower withholding rate (or no withholding) I need to have a current IRS Form W-8BEN on file with Fidelity or I have included a properly completed IRS Form W-8BEN. Please refer to the U.S. Internal Revenue Service website at www.irs.gov for a copy of IRS Forms W-7 and W-8BEN and IRS Publication 901 - U.S. Tax Treaties.
- I certify that if the Beneficiary Account is for an Estate, Charity, Corporation business, LLC, or Trust, that I have authorization to complete and sign this form.
- I understand that payment(s) will be mailed to my address and that I am responsible to notify Fidelity if my address changes.
- If the beneficiary is a "look-through trust" as checked on page 3 or page 7, I certify trust is a look-through trust as described in Treasury Regulation 1.401(a)(9)-4.
- If my account is established under a Fidelity Investments 403(b) Individual Custodial Account Agreement, I hereby adopt the Fidelity Investments 403(b)(7) Individual Custodial Account (the "Program") and certify that I have received and read the Custodial Agreement. I acknowledge that the provisions of the Program shall be governed by the laws of the Commonwealth of Massachusetts.
- I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge.

Important information about opening a new account

To help the government fight the funding of terrorism and money laundering activities, the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 (USA PATRIOT Act), requires all financial institutions to obtain, verify, and record information that identifies each person or entity that opens an account.

For investors that are individuals: When you open an account, you will be asked for your name, residential (physical) address, Social Security number, and date of birth. If we are unable to verify your identity through non-documentary means, you may also be asked to provide identifying documents, such as driver's license, passport, or proof of address.

Your Signature:

Date:

5. YOUR SIGNATURE (CONTINUED)



Signature Guarantee or U.S. Consulate Seal (applies if form is completed outside of the United States):

A signature guarantee or U.S. Consulate Seal is required when:

- A) A beneficiary account is being established and the decedent's employer signature is not completed in Section 6, **OR**
- B) A distribution is requested using this form after the beneficiary account has been established (not needed for rollovers to Fidelity Retail accounts) and the decedent's employer does not complete Section 6 and one or more of the following applies:
- the amount of the distribution is greater than \$100,000, or
 - the distribution is not sent to your address of record, or
 - your address has changed within the last 15 days

Place signature guarantee stamp or U.S. Consulate Seal in box.

If the guarantee stamp to the right is not a medallion signature, print the name of the person issuing the guarantee, their phone number, and the amount of the signature guarantee:

Name/Institution

Phone Number

Dollar Amount of Protection

Note: A notary public cannot provide a signature guarantee.

The amount of the signature guarantee must meet or exceed your distribution amount. Guarantees for less than the distribution amount will delay your request. Note to U.S. Consulate staff: Your seal is a verification of the individual's signature above and the Consulate does not assume financial liability by placing your seal on this request.

For Fidelity Use Only

Medallion Level

Medallion Level Prefix	Degree of Liability
Z	\$10,000,000
Y	\$5,000,000
X	\$2,000,000
A	\$1,000,000
B	\$750,000
C	\$500,000
D	\$250,000
E	\$100,000
F	\$100,000 (Credit Unions)



6. DECEDENT'S EMPLOYER SIGNATURE

Please ask the employer sponsoring the plan or ask Fidelity if plan sponsor approval is required. The distribution requested on this form may be subject to plan sponsor approval.

On behalf of: (name of participant) Date of Hire: --

If the employer recordkeeps beneficiary information, provide the percentage of the account that should be distributed to the beneficiary named in Section 1: %

I acknowledge that the distribution requested on this form is permitted under the terms of the employer's plan. In addition, my name is on record with Fidelity to sign on behalf of the employer sponsoring this plan.

Authorized Signature: Date: --

Please print name of authorized individual signing above:

First Name:

For Fidelity Use Only

COPY

Last Name:

Please send form to: **Fidelity Investments**, PO Box 770002, Cincinnati, OH 45277-0090 (regular mail) OR **Fidelity Investments**, Mailzone KC1E, 100 Crosby Parkway, Covington, KY 41015 (overnight mail).

