FIDELITY ARIZONA COLLEGE SAVINGS PLAN (529 PLAN) ACCOUNT APPLICATION

Please complete this application to establish a 529 Plan account with Fidelity Investments. One application must be submitted for each account you wish to establish. Then, return your completed application(s) to Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0036. For questions, simply call us at 1-800-544-1262.

1 ACCOUNT SETUP

Please select the type of account you would like to open and complete the account owner's information. All fields in bold are required for opening an account.

(2) FINANCIAL PROFILE

We are required by the Financial Industry Regulatory Authority (FINRA) and other industry regulators to obtain the information in this section.

An investment strategy selection is required to establish your account. For more information on your investment options, please visit **Fidelity.com/college**, or refer to the Fidelity Arizona College Savings Plan Fact Kit.

(3) FUNDING YOUR ACCOUNT

A minimum deposit of \$50 is required to open your account, or you may establish automatic contributions for as little as \$15 a month. You may pay by check or by transferring assets (from your bank or another account). Simply check the appropriate box(es) to fund your account.

4 SIGNATURE

Please be sure to sign your application in ink. We cannot process your application without your signature and date.

QUESTIONS?

For more information



	T SETUP SELECT THE bold are required for		OU WOULD LIKE TO OPE	EN (REQUIRED)	
Choose one opti	on only				
If you wish to establish 529 Plan accound Successor Participate	int, select one option hant on the two account	pelow and then follow types below. Also, for	nn account or invest UGN the steps listed. Please I the Custodial 529 Plan ll be used for tax-reporti	Note: You may account, the M	not establish a
Plan account. 1. Provide the 2. Provide the	Custodian's information i	ion below. in Section 2.	A/UTMA (Custodial) asse		
Bank Deposit Por 1. Provide the 2. Provide the 3. Submit a co Fidelity wit	tfolio is not an eligible invest. Trust Name (in the "leadate on which the Trompleted 529 Trustee h this new account ap	stment selection for Trust A Name" field) and Tax rust was established: _ Certification of Invest oplication. The 529 TC	_	- TCIP), signed establish this ac	
PARTICIPANT (A	CCOUNT OWNER)	INFORMATION	, ,		
Full legal name $rac{}{Fir}$	et Name	Middle Name	Last N	Iama	
Date of birth (mm	/dd/yyyy)		E-mail address		
			Taxpayer ID number		
Permanent addres (no P.O. boxes)					
Mailing address (if different from above)	Street			State	ZIP
Phone numbers Ev Country of citizenship U.S	City ening	(_ Day	State Other	ZIP Ext.
GOVERNMENT ID Place of birth City Immigration status	(FOREIGN CITIZENS ONL	State/Province	t recident	er and photo. <u>Plea</u> Country	se attach a photocopy.
Check which type o	f document you are pi	roviding:	Passport with U.S. vi	sa Emplo	oyment orization Document
Passport without		*Bank name required		*Acc	count number required
	identity document*	*Bank address required		*Pho	one number required
Document number a	and country of issuanc	(Number from the docume	nt checked above)		

1.814392.117 012540701

Employment status	1 ACCOUNT SETUD (CONTINUED)					
Self-Employed If you are self employed and your company compare address is the same as your legal home address please initial here that you work out of your home: Semployer's name and address Same	ACCOUNT SETUP (CONTINUED)					
Self-Employed if you are self-employed and your company corporate address the sature as your legal home address, please initial here that you work out of your home: Employer's name and address Name	Employment status Employed Not	Employment status Employed Not employed Cocupation Cocupation				
ASSOCIATIONS If you are affiliated with or employed by a stock exchange or member firm of either an exchange or the Financial Industry Regulatory Authority (FINRA), or a municipal securities broker/dealer, please provide the company name below. Company name DESIGNATED BENEFICIARY (STUDENT INFORMATION) We assume the permanent address is the same unless otherwise noted. Participant's relationship to Beneficiary (select one): Parent Grandparent Other Full legal name Fundame Middle Name Law Name Date of birth (mm/dd/yyyy) E-mail address Social Security number or Taxpayer ID number Permanent address of Gily Soate ZIP Mailing address of Gily Soate ZIP Mailing address of Soate Soate Soate Country of Country of tax residence U.S. Other GOVERNMENT ID (FOREIGN CITIZENS ONLY) Identification document must have a reference number and photo Please attach a photocopy. Immigration status Permanent resident Non-permanent resident Check which type of document you are providing: U.S. driver's license DIS permanent resident alien card Passport with U.S. visa Passport without U.S. visar Fancie number required Passport without U.S. visar Fancie address required Passport with U.S. visar Fancie number required Passport without U.S. visar Fancie number required Passport	Self-Employed If you pleas	u are self-employed and your comp	any corporate address is the same as your legal home address	legal home address,		
ASSOCIATIONS If you are affiliated with or employed by a stock exchange or member firm of either an exchange or the Financial Industry Regulatory Authority (FINRA), or a municipal securities broker/dealer, please provide the company name below. Company name DESIGNATED BENEFICIARY (STUDENT INFORMATION) We assume the permanent address is the same unless otherwise noted. Participant's relationship to Beneficiary (select one): Parent Grandparent Other Full legal name Fundame Middle Name Law Name Date of birth (mm/dd/yyyy) E-mail address Social Security number or Taxpayer ID number Permanent address of Gily Soate ZIP Mailing address of Gily Soate ZIP Mailing address of Soate Soate Soate Country of Country of tax residence U.S. Other GOVERNMENT ID (FOREIGN CITIZENS ONLY) Identification document must have a reference number and photo Please attach a photocopy. Immigration status Permanent resident Non-permanent resident Check which type of document you are providing: U.S. driver's license DIS permanent resident alien card Passport with U.S. visa Passport without U.S. visar Fancie number required Passport without U.S. visar Fancie address required Passport with U.S. visar Fancie number required Passport without U.S. visar Fancie number required Passport	Employer's name and address					
ASSOCIATIONS If you are affiliated with or employed by a stock exchange or member firm of either an exchange or the Financial Industry Regulatory Authority (FINRA), or a municipal securities broker/dealer, please provide the company name below. Company name 2						
DESIGNATED BENEFICIARY (STUDENT INFORMATION) We assume the permanent address is the same unless otherwise noted. Participant's relationship to Beneficiary (select one):	ASSOCIATIONS If you are affiliated with or a Financial Industry Regulator	employed by a stock exchange	e or member firm of either an exchange or the	nge or the		
We assume the permanent address is the same unless otherwise noted. Participant's relationship to Beneficiary (select one):	Company name					
Participant's relationship to Beneficiary (select one):	2 DESIGNATED BENEFICIARY	STUDENT INFORMATION)				
Participant's relationship to Beneficiary (select one): Parent Grandparent Other Full legal name First Name Middle Name Last Name Date of birth (mm/dd/yyyy) E-mail address Social Security number Permanent address fine P.O. boxes) Street Gray Sauce ZIP Mailing address off different from above) Street Guy Country of Citizenship U.S. Other Tax residence U.S. Other GOVERNMENT ID (FOREIGN CITIZENS ONLY) Identification document must have a reference number and photo. Please attach a photocopy. Place of birth City Saus/Province Country Immigration status Permanent resident Non-permanent resident Check which type of document you are providing: U.S. driver's license DHS permanent resident alien card Passport with U.S. visa Authorization Document Foreign national identity document* Rank address required Rank address required Phone number required Document number and country of issuance Number from the document checked above) 3 ESTABLISH A SUCCESSOR PARTICIPANT (ACCOUNT OWNER) ON THIS ACCOUNT (OPTIONAL) AVAILABLE FOR INDIVIDUAL ACCOUNT REGISTRATION ONLY To name a Successor Participant on this 529 Plan account, you will need to provide the following information. This person will become the account owner in the event of your death. You may update the Successor Participant on this account at any time. Please note: THE SUCCESSOR PARTICIPANT (NUST BE AT LEAST 18 YEARS OF AGE AND A U.S. RESIDENT, Alsoy	We assume the permanent address is the same	unless otherwise noted.				
Date of birth (mm/dd/yyyy)	•		Grandparent Other	er		
Scorial Security number	Full legal name	Mi J.H. Nama	Lost Name			
Street						
Caty State ZIP	Social Security number	or Taxpay	ver ID number			
Mailing address (if different from above) Street	Permanent address					
Mailing address (if different from above) Street	(no P.O. boxes) Street					
Country of citizenship U.S. Other Country of tax residence U.S. Other GOVERNMENT ID (FOREIGN CITIZENS ONLY) Identification document must have a reference number and photo. Please attach a photocopy. Place of birth City State/Province Country Immigration status Permanent resident Non-permanent resident Check which type of document you are providing: U.S. driver's license DHS permanent resident alien card Passport with U.S. visa Authorization Document Passport without U.S. visa* *Bank name required *Account number required *Phone number req	· · · · · · · · · · · · · · · · · · ·		State ZIP	ZIP		
Country of citizenship U.S. Other						
GOVERNMENT ID (FOREIGN CITIZENS ONLY) Identification document must have a reference number and photo. Please attach a photocopy. Place of birth Gity State/Province Country Immigration status Permanent resident Non-permanent resident Check which type of document you are providing: U.S. driver's license DHS permanent resident alien card Passport with U.S. visa Authorization Document Passport without U.S. visa* *Bank name required *Account number required Passport with U.S. visa Shank address required Passport with U.S. visa Pank address required Passport without U.S. visa Pank address required Passport with U.S. visa Pank address required Passport with U.S. visa Pank address required Passport without U.S. visa Pank address required Passport with U.S. visa Pank address required Pank address required Pank address required Passport with U.S. visa Pank address required Pank address	,			ZIP		
Place of birth	Country of citizenship U.S. Other					
Place of birth	GOVERNMENT ID (FOREIGN CITIZENS ONLY)	Identification document must hav	re a reference number and photo. Please attach a photocopy.	tach a photocopy.		
Check which type of document you are providing: U.S. driver's license	Place of hirth					
Check which type of document you are providing: U.S. driver's license DHS permanent resident alien card Passport with U.S. visa Authorization Document Passport without U.S. visa* *Bank name required *Bank address required *Bank address required *Phone number required *Phone number required *The name a Successor Participant on this 529 Plan account, you will need to provide the following information. This person will become the account owner in the event of your death. You may update the Successor Participant on this account at any time. Please note: THE SUCCESSOR PARTICIPANT MUST BE AT LEAST 18 YEARS OF AGE AND A U.S. RESIDENT. Also,	Immigration status Permanent resident					
U.S. driver's license DHS permanent resident alien card Passport with U.S. visa Authorization Document Passport without U.S. visa* *Bank name required *Bank address required *Phone number required *Phone number required *Phone number required *Phone number required *This account (Number from the document checked above) *Bank address required *This account (Number from the document checked above) *To name a Successor Participant on this 529 Plan account, you will need to provide the following information. This person will become the account owner in the event of your death. You may update the Successor Participant on this account at any time. Please note: THE SUCCESSOR PARTICIPANT MUST BE AT LEAST 18 YEARS OF AGE AND A U.S. RESIDENT. Also,	Check which type of document you are pro	viding:	F1			
*Bank name required *Account number required *Bank address required *Phone number required *Bank address required *Phone number required *Bank address required *Phone number requir	U.S. driver's license DHS permanent	resident alien card Pass	port with U.S. visa Authorization Document	tion Document		
Foreign national identity document* *Bank address required *Phone number required	Passport without U.S. visa*	*Rank name required	*Account number required	number required		
Bocument number and country of issuance (Number from the document checked above) ESTABLISH A SUCCESSOR PARTICIPANT (ACCOUNT OWNER) ON THIS ACCOUNT (OPTIONAL) AVAILABLE FOR INDIVIDUAL ACCOUNT REGISTRATION ONLY To name a Successor Participant on this 529 Plan account, you will need to provide the following information. This person will become the account owner in the event of your death. You may update the Successor Participant on this account at any time. Please note: THE SUCCESSOR PARTICIPANT MUST BE AT LEAST 18 YEARS OF AGE AND A U.S. RESIDENT. Also,	Foreign national identity document*					
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Name Social Security or Taxpayer ID number	Name	Social Security or	Taxpayer ID number	ımber		

Date of birth (mm/dd/yyyy)

Relationship to Participant

4

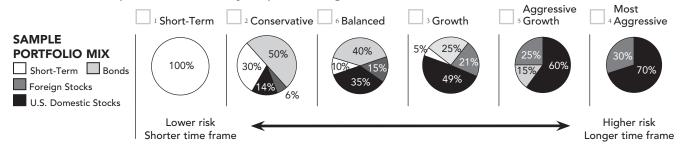
PARTICIPANT FINANCIAL PROFILE (REQUIRED)

YOUR INVESTMENT OBJECTIVE

You should choose your investments based on your objectives, time frame, and tolerance for market fluctuation. From short-term liquid investments that seek to preserve capital (accepting the lowest returns in exchange for stability) to longer-term investments that seek maximum growth (but can tolerate very wide fluctuations in market values), you can choose an approach that's best for you. Simply check the box below that most closely matches your investment objective.

I choose not to answer at this time.

Please check one profile. (Determine your profile using the information below.)



Short-Term You seek to preserve your capital and can accept the lowest returns in exchange for price stability.

Conservative You seek to minimize fluctuations in market values by taking an income-oriented approach with some potential for capital appreciation.

Balanced You seek the potential for capital appreciation and some income and can withstand moderate fluctuations in market value.

Growth You have a preference for growth and can withstand significant fluctuations in market value.

Aggressive Growth You seek aggressive growth and can tolerate wide fluctuations in market values, especially over the short term.

Most Aggressive You seek very aggressive growth and can tolerate very wide fluctuations in market values, especially over the short term.

Generally, among asset classes, stocks may present more short-term risk and volatility than bonds or short-term instruments but may provide greater potential return over the long term. Although bonds generally present less short-term risk and volatility than stocks, bonds do entail interest rate risk (as interest rates rise, bond prices usually fall and vice versa) and the risk of default, or the risk that an issuer will be unable to make income or principal payments. Additionally, bonds and short-term investments entail greater inflation risk, or the risk that the return of an investment will not keep up with increases in the prices of goods and services, than stocks. Finally, foreign investments, especially those in emerging markets, involve greater risk and may offer greater potential return than U.S. investments.

Please check one box in each column.

ANNUAL INCOME (from all sources)	ESTIMATED NET WORTH (excluding residence)	ESTIMATED LIQUID NET WORTH	FEDERAL TAX BRACKET
Under \$20,000	Under \$30,000	Under \$15,000	1 ≤15%
2 \$20,000-\$50,000	1 \$30,000-\$50,000	1 \$15,000-\$50,000	2 25%
3 \$50,001-\$100,000	2 \$50,001-\$100,000	2 \$50,001-\$100,000	3 ≥28%
4 Over \$100,000	3 \$100,001–\$500,000	3 \$100,001–\$500,000	
	4 Over \$500,000	4 Over \$500,000	

Please note:

If you do not intend to use this 529 college savings plan account for the higher education expenses for a designated beneficiary, please call Fidelity at 1-800-544-1914.

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INVESTMENT SELECTION

You can invest your 529 Plan contributions based on an Age-Based Strategy or a Custom Strategy. The Age-Based Strategies are designed for your beneficiary's age based on the date of birth listed in Section 2. Age-Based Portfolios are managed to systematically shift in asset allocation from aggressive to conservative over time as the beneficiary approaches college age. Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section. For more information on your investment options, please visit **Fidelity.com/college**, or refer to the Fidelity Arizona College Savings Plan Fact Kit.

5	INVESTMENT SELECTION (CONTINUED)					
Choo	ose one option only	A selection is required. Your a	count cannot be established without you making			
	ategy choice.	·	, ,			
	Age-Based Portfolios over the long term. Th	s (Fidelity Funds) are designed to gen lese portfolios invest solely in Fidelity ment decisions backed by Fidelity's	nerate returns that attempt to beat a major market index funds that are managed by dedicated portfolio managers proprietary investment research.			
	major market index ov keep transaction costs	ver the long term. These portfolios in	vest solely in Fidelity Index funds, and are able to are passively managed. This means that the securities tments.			
	to beat a major marke		Portfolios, are designed to generate returns that attempt anaged by dedicated portfolio managers at Fidelity. These ple fund companies.			
	Custom Strategy					
Deposi amoun	Age-Based Portfolio (F Age-Based Portfolio (F Age-Based Portfolio (M Aggressive Growth Port Conservative Portfolio Aggressive Growth Port Conservative Portfolio Aggressive Growth Port Conservative Portfolio Spartan® 500 Index Portfolio Spartan® 500 Index Portfolio International Index Portfolio Intermediate Treasury Money Market Portfolio Bank Deposit Portfolio Total (must equal 10 ugh the underlying deposits t Portfolio are not insured of t of your assets on deposit a	idelity Funds) idelity Index) fulti-Firm) rtfolio (Fidelity Funds) folio (Fidelity Funds) (Fidelity Funds) rtfolio (Fidelity Index) folio (Fidelity Index) folio (Fidelity Index) (Fidelity Index) ortfolio rtfolio rtfolio Index Portfolio o * 0%) are eligible for FDIC insurance, subject to r guaranteed by the FDIC or any other gove t the depository bank, including amounts h	% Please use increments o			
	see a 529 fact kit for more o	etails. ole investment selection for Trust Account Reg	istrations			
	•		peractoris.			
6	FUNDING YOUR	ACCOUNT				
SEE "	IMPORTANT INFORMA	TION ABOUT ELECTRONIC FUNDS	TRANSFER (EFT)" AT THE END OF THIS APPLICATION.			
The n brokes with p	AL FUNDING (check any ninimum initial (lump-rage nonretirement accordanced) or a Fidelity	y that apply) sum) investment is \$50. If you are unt, please be sure funds are availabl mutual fund account, your mutual fo	funding this account with a transfer from a Fidelity e in your core account. If you are funding this account and will be sold and subject to any applicable trading fees to any subsequent nonperiodic contribution is \$25.			
A. _	Send a check.	ф. 1				
в. 🗆			payable to Fidelity Brokerage Services LLC.			
contributions).						
	☐ Transfer \$	from my Fidelity br	okerage core account. Number			
	Sell	(shares) or \$	and transfer the proceeds from the			
	following Fidelity mutual fund:					
		ber is:				
c . \Box	-		ration Savings account, or a qualified U.S. Savings Bond.			

(If you check this box, you are required to read Section 7 of this application.)

FUNDING YOUR ACCOUNT (CONTINUED) **PERIODIC CONTRIBUTIONS** (check any that apply) The minimum investment to establish Fidelity automatic contributions is \$15 a month, or \$45 a quarter. This automatic investment plan lets you choose a monthly or quarterly date for automatic investment from your bank or Fidelity brokerage or mutual fund account into your 529 Plan account. Establish Electronic Funds Transfer from your bank account. Please attach a voided check Attach check or or preprinted nonpassbook savings deposit form from your bank. EFT allows you to transfer deposit slip here. money between your bank and your 529 Plan account. To establish this feature, at least one common name must match exactly between your bank account and the name on the account VOID registration in Section 1, and a voided check or deposit slip containing the bank ABA or ACH information is required with this application. If a voided check or deposit slip cannot be provided, EFT can be established after your account is opened by visiting Fidelity.com/updateaccountfeatures or by completing a separate form titled Electronic Funds Transfer (EFT) and Bank Wire. From your Fidelity brokerage or mutual fund account. My Fidelity Account Number Please provide the information below: Amount: (If not provided, amount will be \$15.) ☐ Quarterly (\$45 Minimum) Monthly (\$15 Minimum) Frequency: (If not provided, frequency will be monthly. Quarterly investments will be made in March, June, September, and December, unless you specify otherwise.) Transfer funds on the ___ Timing: _ day of the month. (If not provided, transfer will occur on the 20th of the month.) Establish Direct Deposit. Please complete the enclosed funding form to establish a periodic contribution plan from your paycheck. **ROLLOVER (OPTIONAL)** Read this section only if you are rolling over assets from another Section 529 Plan, a Coverdell Education Savings account, or a qualified U.S. Savings Bond. Check here if you would like Fidelity to initiate your rollover from another 529 Plan to fund this account. A Rollover Form will be mailed to you after your 529 Plan account is established. If you have already taken a distribution from another Section 529 Plan, a Coverdell Education Savings account, or a qualified U.S. Savings Bond, please enclose a check (made payable to Fidelity Brokerage Services LLC) and appropriate documentation showing the earnings portion of the rollover contribution. The chart below details the required appropriate documentation based on the type of rollover contribution. Until Fidelity receives appropriate documentation reflecting the earnings portion of the contribution, Fidelity must treat the entire amount of the contribution as earnings. To perform this type of rollover... ...You must enclose the following appropriate documentation. A statement issued by the distributing 529 Plan provider that Rollover contribution from another 529 Plan shows the earnings portion of the distribution Rollover contribution from a Coverdell Education An account statement issued by the financial institution that acted as trustee or custodian of the education savings account Savings account

Rollover contribution from the redemption of

qualified U.S. Savings Bonds

that shows basis and earnings in the account

redemption of the bonds

An account statement or Form 1099-INT issued by the financial

institution that redeemed the bonds showing interest from the

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ACCOUNT OWNER SIGNATURE AND DATE

Please be sure to read all the language included on the following pages, as well as sign, date, and return pages 1-7 when you submit this application to Fidelity.

To help the government fight money laundering and the funding of terrorism, federal law requires Fidelity to obtain your name, date of birth, address, and a government issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account or beneficial owners of certain entities. Further documentation is required for certain entities, such as trusts, estates, corporations, partnerships, and other organizations. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

- The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
- This account is governed by a predispute arbitration clause, which is located on the last page of the Customer Agreement. I acknowledge receipt of the predispute arbitration clause.

By signing below, you acknowledge that you have read, understood, and agree to be bound by the provisions of this application, including the Terms and Conditions for this Account, on the next page.



Form continues on next page.



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TERMS AND CONDITIONS FOR THIS ACCOUNT

Participation Agreement:

- By signing the previous section, I agree to participate in the Fidelity Arizona College Savings Plan. I acknowledge that I have read, understood, and agree to the terms and conditions set forth in the separate Participation Agreement.
- I understand that the Participation Agreement and its enforcement shall be governed by the laws of the State of Arizona and is not subject to arbitration. It shall cover individually and collectively all accounts which I may open or reopen. It shall inure to the benefit of the assigns, and the Participation Agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.
- I understand that it is my responsibility to read the Fact Kit. I have read, understood, and agree to the terms and conditions set forth in the separate Fact Kit as is currently in effect and as may be amended from time to time.
- I hereby request Fidelity Brokerage Services LLC and National Financial Services LLC (collectively "Fidelity") to open a Fidelity Arizona College Savings Plan brokerage account in the name listed as Participant on this application. In UGMA/UTMA 529 Plan accounts, a Fidelity Arizona College Savings Plan brokerage account is opened in the name of the custodian (listed as Participant on this application) for the benefit of the Minor.
- I acknowledge that I have read, understood, and agree to the terms set forth in the Customer Agreement. I am at least 18 years of age and of full legal age in the state in which I reside. I understand that you will supply my name to issuers of any securities held in my account so I might receive any important information regarding them, unless I notify you in writing not to do so. I hereby ratify any telephone instructions given pursuant to this authorization and agree that Fidelity will not be liable for any loss, liability, cost, or expense for acting upon such instructions. I understand that telephone calls to Fidelity may be recorded, and I consent to such tape recordings.
- I understand that the Customer Agreement and its enforcement shall be governed by the laws of the Commonwealth of Massachusetts. It shall cover individually and collectively all accounts I may open or reopen with Fidelity. It shall inure to the benefit of Fidelity's successors and assigns, and this Agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.
- For FAAB Customers Only: I hereby authorize and request Fidelity to secure payment of the amount indicated above to be invested by me by initiating debit entries to the account indicated in the bank named above ("BANK"), and I authorize and request the BANK to accept any such debit entries initiated by Fidelity to such account and to credit, as requested, the same to my Fidelity account, without any further authorization relating hereto. I hereby ratify any instructions given pursuant to this authorization and agree that Fidelity will not be liable for any loss, liability, cost, or expense for acting upon such instructions
- I consent to have only one copy of Fidelity mutual fund shareholder documents, such as prospectuses and shareholder reports ("Documents"), delivered to me and any other investors sharing my address. My Documents, if held in eligible accounts, will be householded indefinitely; however, I may revoke this consent at any time by contacting Fidelity at 800-343-3548 and I will begin receiving multiple copies within 30 days. As Documents for other investments become available in the future, these Documents may also be householded in accordance with this authorization or any notice or agreement I received or entered into with Fidelity or its service providers.
- I certify under penalties of perjury that: (1) I am a U.S. person (including a U.S. resident alien) and the Social Security or taxpayer identification numbers provided above are correct; and (2) I am not subject to Internal Revenue Service (IRS) backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) I have been notified by the IRS that I am no longer subject to backup withholding. (Cross out item 2 if it does not apply to you.)
- I agree to adopt and be bound by the terms and conditions of the Customer Agreement, as is currently in effect and as may be amended from time to time. I also certify that the information provided above is accurate and true.

Fidelity Investments is a registered service mark owned by FMR LLC. Accounts are carried with our affiliate, National Financial Services LLC, Member NYSE, SIPC. Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0036.

Please tell us where you heard about the Fidelity Arizona College Savings Plan offered by the Arizona Commission for Postsecondary Education and managed by Fidelity Investments:						
Newspaper Direct Mail/Email				Friend/Referral		





Important Information about Electronic Funds Transfer (EFT) Keep this information for your records.

Privacy Statement

You understand that Fidelity will disclose information to third parties about your account or the transfers you make:

- (i) Where it is necessary for completing transfers, or
- (ii) In order to verify the existence and condition of your account for a third party, such as a credit bureau or merchant, or
- (iii) In order to comply with a government agency or court order, or
- (iv) If you give Fidelity your written permission, or
- (v) For other purposes in accordance with Fidelity's privacy statement

Fees

There is no fee to use the EFT service, although your financial institution may charge transaction fees.

Brokerage Account Limitations on Transfers

The minimum EFT transaction is \$10 for redemptions and deposits; the maximum is \$100,000 for redemptions and deposits. The EFT maximum transfer amount for redemptions and deposits over any seven-day period is \$100,000.

Mutual Fund Account Limitations on Transfers

The minimum EFT transaction is \$10 for redemptions and \$250 (or the fund minimum) for deposits. The maximum is \$250,000 for deposits and \$100,000 per fund for redemptions.

Limitations for EFT Established Electronically

If you establish EFT electronically, you may be able to immediately transfer funds from your bank account to your Fidelity Account or Fidelity Mutual Fund Account. All EFT transactions processed during the first seven (7) business days after you establish EFT will be limited to a maximum transaction amount of \$25,000 per day (for customers with an existing relationship. For new customers, the maximum transaction amount is \$15,000 per day). On the eighth business day following your establishment of the EFT service, the maximum transaction amount will increase to \$100,000 per day for a Fidelity Account and \$250,000 per day for a Fidelity Mutual Fund Account. Transfers from your Fidelity Account or Fidelity Mutual Fund Account to your bank account will not be allowed until the eighth business day.

Brokerage Account Minimum Balances

There is no minimum account balance to process an EFT transaction; however, your core account must have adequate funds to cover a redemption.

Mutual Fund Account Minimum Balances

There is no minimum account balance to process an EFT transaction; however, you must have an adequate balance in your mutual fund position to cover a redemption.

Business Days

For purposes of EFTs, Fidelity's business days are Monday through Friday. Bank and New York Stock Exchange holidays are not included.

Documentation Periodic Statement

You will receive a monthly account statement from Fidelity, unless there are no transactions in a particular month. In any case, you will receive a statement quarterly.

Direct Deposits

If you have arranged to have direct deposits made to your Fidelity Account or Fidelity Mutual Fund Account, at least once every sixty (60) days from the same person or company, you can call Fidelity at 1-800-544-6666 to find out whether or not the deposit has been made.

Special Disclosure for Covered Transfers

In general, your use of the EFT service for transfer of funds electronically other than those for which the primary purpose is the purchase or sale of securities ("Covered Transfers") is covered under the Electronic Funds Transfer Act and the Bureau of Consumer Financial Protection's Regulation E and related laws and regulations. The following terms and disclosures apply to Covered Transfers:

Unauthorized Transfers

You will tell Fidelity promptly if you believe your password has been lost or stolen or may have been used without your permission. Telephoning Fidelity at the number listed below is the best way of keeping your possible losses down. If you believe your password has been lost or stolen, and you tell Fidelity within two (2) business days after you learn of the loss or theft, you can lose not more than \$50 for Covered Transfers if someone used your password without your permission. If you do NOT tell Fidelity within two (2) business days after you learn of the loss or theft of your password, and Fidelity can prove Fidelity could have prevented any unauthorized use if you had told Fidelity, you could lose as much as \$500. Also, if your statement shows Covered Transfers that you did not make, you will tell Fidelity promptly. If you do not tell Fidelity within sixty (60) days after the first statement was mailed to you, you may not get back any money you lost after sixty (60) days if Fidelity can prove that Fidelity could have stopped someone from taking the money if you had told Fidelity in time. In extenuating circumstances, Fidelity may extend such time periods. Additional protection may be available from Fidelity for specific accounts under certain circumstances.

Stop Payment Procedures

If you have told Fidelity in advance to make regular Covered Transfers out of your Fidelity account, you can stop any of these payments. Here's how: you can call or write to Fidelity using the contact information listed below. Your notice must be made in time for Fidelity to receive your request at least three (3) business days or more before the payment is scheduled to be made. If you call, Fidelity may, as an additional measure, require you to put your request in writing and get it to Fidelity within fourteen (14) days after you call. Unless otherwise provided, you may not stop payment of electronic funds transfers; therefore, you should not employ electronic access for purchases or services unless you are satisfied that you will not need to stop payment.

Fidelity's Liability for Failure to Make Covered Transfers

If Fidelity does not complete a Covered Transfer to or from your Fidelity account on time or in the correct amount according to Fidelity's agreement with you, Fidelity may be liable for your losses or damages.

However, there are some exceptions. Fidelity will not be liable for instance:

- If, through no fault of Fidelity's, you do not have enough money in your Fidelity account to make the Covered Transfer.
- If the money in your Fidelity account is subject to legal process or other claim restricting such transfer.
- If the transfer would exceed your margin availability, if any.
- If the bank account information you provided to Fidelity when you established the EFT service was incorrect or has subsequently become incorrect.
- If circumstances beyond Fidelity's control (such as fire or flood) prevent the transaction, despite reasonable precautions taken by Fidelity.
- If there was a technical malfunction which was known to you at the time you attempted to initiate a Covered Transfer or, in the case of a preauthorized Covered Transfer, at the time the transfer should have occurred.
- There may be other exceptions stated in our agreement with you.

Error Resolution

In the case of errors or questions about your Covered Transfers, you will call or write Fidelity using the contact information listed below, promptly. You will call or write Fidelity if you think your statement is wrong or if you need more information about a Covered Transfer on the statement. Fidelity must hear from you no later than sixty (60) days after Fidelity sent the FIRST statement on which the problem or error appeared. You will:

- Tell Fidelity your name and account number.
- Describe the error or the Covered Transfer that you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell Fidelity the dollar amount of the suspected error.

If you notify Fidelity orally, Fidelity may require that you send your complaint or question in writing within ten (10) business days. Fidelity will tell you the results of its investigation within ten (10) business days after Fidelity hears from you and will correct any error promptly. If Fidelity needs more time, however, it may take up to forty-five (45) days to investigate your complaint or question. If Fidelity decides to do this, it will credit your account within ten (10) business days for the amount that you think is in error, so that you will have the use of the money during the time it takes Fidelity to complete its investigation. If Fidelity asks you to put your request or question in writing and it does not receive it within ten (10) business days, Fidelity may not credit your account. For questions involving new accounts, point of sale or foreign initiated transactions, we may take up to ninety (90) days to investigate your complaint or question. With respect to new accounts, we may take up to twenty (20) business days to credit your account for the amount you think is in error. Fidelity will inform you of the results of its investigation within three (3) business days of its completion. If Fidelity decides that there was no error, Fidelity will send you a written explanation. You may ask for copies of the documents that Fidelity used in the investigation.

Contact Information

Fidelity Investments P.O. Box 770001 Cincinnati, OH 45277

Phone: 1-800-544-6666

Representatives are available 24 hours per day, seven days per week,

to take your call.