



# Durable Power of Attorney Affidavit and Indemnification

Use this form to certify to Fidelity the validity and effectiveness of a non-Fidelity Durable Power of Attorney for your Fidelity Advisor account.

Type on screen or fill in using CAPITAL letters and black ink.

### Helpful to Know

- A Power of Attorney (POA) is not permitted on certain registration types, including trust accounts, business, custodial, estate, conservator, escrow, Keogh plans, investment-only retirement accounts, and other fiduciary registrations. It also cannot be used for the Fidelity Advisor 401(k) Program or other similar employer-sponsored qualified plan programs for which Fidelity Management Trust Company ("FMTC") serves as directed trustee.
- **An original of this form must be completed for each Attorney-in-Fact added to your account.**
- For retirement accounts, your Financial Advisor cannot be the Attorney-in-Fact designated in Section 2.
- If providing checkwriting capabilities to an Attorney-in-Fact for a checkwriting account, the Account Owner (if available) and the Attorney-in-Fact must complete and return the attached signature section.
- If the Attorney-in-Fact who signs this form is a successor/contingent Attorney-in-Fact, evidence must accompany the request that shows the primary Attorney-in-Fact is unable or unwilling to act.
- **The original or a copy of the valid, signed, original non-Fidelity Durable POA documentation, and any supporting documents required, must be attached to this form. The POA must:**
  - Specifically identify the names of the grantor and the Attorney-in-Fact.
  - Include the date the POA becomes effective, the signature of the Account Owner (Principal), and durability language, e.g., "This power of attorney shall not be affected by my subsequent disability." or "Incapacity of the principal or this power of attorney shall not be affected by my subsequent disability or incapacity."
  - Grant full trading authority or the power to buy, sell, exchange, or transfer securities.
  - Contain no conditions, restrictions, or exclusions on trading authority, and contain no material limitations that would impact a Fidelity Account, such as effective or expiration dates, or specific securities.
- If the POA's effectiveness is contingent upon the incapacitation of the Account Owner (i.e., springing), proper evidence of incapacity pursuant to the POA document must be attached.
- If the Attorney-in-Fact is requesting a beneficiary change on the account, the POA document must explicitly include that power.
- If multiple Attorneys-in-Fact are listed in the POA document, that document must state that the agents may act independently or severally. (Anything other than "independently" will not be accepted.)

## 1. Account Owner

Account numbers to which to add Power of Attorney:

Name <i>First, M.I., Last</i>		
SSN	Daytime Phone	
Fidelity Advisor Account Number	Additional Fidelity Advisor Account Number	Additional Fidelity Advisor Account Number

## 2. Attorney-in-Fact Designation

The individual being designated in this section must have his or her signature notarized in Section 4. The following information must be completed to designate an Attorney-in-Fact on the account identified in Section 1.

Attorney-in-Fact Name <i>First, M.I., Last</i>		
Attorney-in-Fact SSN	Attorney-in-Fact Date of Birth <i>MM DD YYYY</i>	
Street Address*		
City	State	Zip/Postal Code

\* If P.O. Box, attach separate sheet with a U.S. residential address.



### 3. Affidavit and Indemnification by Attorney-in-Fact *Named Attorney-in-Fact must sign and date.*

I, the above-named Attorney-in-Fact, being duly sworn, 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 \_\_\_\_\_ (Date) by \_\_\_\_\_ ("Account Owner"); and
2. The Account Owner 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 for, the Account Owner 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 and that Fidelity (as defined below) may follow any of my instructions independent of all other Attorneys-in-Fact, including the delivery of assets to me personally; and
5. I understand that in the event of conflicting instructions given by Attorneys-in-Fact or an Account Owner and an Attorney-in-Fact, Fidelity may restrict the account 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 from the account after the presentation of the Power of Attorney document; and
7. I agree not to exercise any powers granted to me by this Power of Attorney if I know or have reason to know that it 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 Account Owner or revocation by operation of law; and
8. 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
9. For the purpose of inducing Fidelity to act upon my instructions, I do fully indemnify and hold harmless Fidelity Investments Institutional Operations Company, Inc., Fidelity Management Trust Company, and their affiliates, 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 transactions made in accordance with my instructions; and
10. The attached Power of Attorney will remain in full force and effect until such time as written notification of termination or significant alteration is received by Fidelity at: Fidelity Investments Institutional Operations Company, Inc. (FIIOC), P.O. Box 770002, Cincinnati, OH 45277-0082.

I agree to be bound by all terms and conditions set forth in any agreements related to the Account Owner's Fidelity account(s), including the applicable prospectus and/or Fidelity Advisor IRA Custodial Agreement and Disclosure Statement. This affidavit and the attached Power of Attorney shall be governed by Massachusetts law to the extent not superseded by federal law.

I understand the investment objectives and trading plans of the Account Owner and will design my trading strategies to meet those objectives. I represent that I have received and read copies of the terms and conditions concerning this account from the Account Owner and agree to be bound by such terms and conditions as are currently in effect and amended from time to time.

Signed under the pains and penalties of perjury. All future documents received by Fidelity signed by the Attorney-in-Fact must be signed indicating capacity.

Attorney-in-Fact Signature	Date MM - DD - YYYY
<b>SIGN</b> ▶	▶

### 4. Notarization *A signature guarantee is not acceptable.*

State of \_\_\_\_\_, 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 \_\_\_\_\_ (types of identification) as identification and executing the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their free act and deed on \_\_\_\_\_ (Date).

Print Notary Public Name <i>First, M.I., Last</i>	
Notary Public Signature	Date MM - DD - YYYY
<b>SIGN</b> ▶	▶

NOTARY STAMP OR SEAL

Commission Expiration Date MM DD YYYY

# Checkwriting *optional (\$500 minimum balance required to establish)*

State Street Bank and Trust Company use only.  
Leave blank.

Bank Account Number
Account Name <i>First, M.I., Last</i>

Registration must be the same as the shareholder registration in:

- Government Fund (2544)     Check here if more than one signature will be required on checks. If this box is not checked, only one signature will be required on checks.  
 Prime Fund (083)  
 Treasury Fund (058)  
 Tax-Exempt Fund (084)

Print Owner Name <i>First, M.I., Last</i>	
Owner Signature	Date <i>MM - DD - YYYY</i>
<b>SIGN</b> ▶	▶
Print Joint Owner Name <i>First, M.I., Last</i>	
Joint Owner Signature	Date <i>MM - DD - YYYY</i>
<b>SIGN</b> ▶	▶
Print Attorney-in-Fact Name <i>First, M.I., Last</i>	
Attorney-in-Fact Signature	Date <i>MM - DD - YYYY</i>
<b>SIGN</b> ▶	▶

**The Payment of Funds Is Authorized by the Signature(s) Appearing Above.**

Each person guarantees the genuineness of the other's signature. Checks may not be for less than \$500 or such other minimum or maximum amounts as may from time to time be established by Government Fund – Daily Money Class, Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class upon prior written notice to its shareholders. Additional documentation, including a signature guarantee, may be required for requests to add the checkwriting feature to an existing account or for requests to modify the current checkwriting feature of an existing account.

The Bank is hereby appointed by the person(s) signing this card (the Depositor(s)) as agent, and, as agent, is authorized and directed to present checks drawn on this account to Government Fund – Daily Money Class, Prime

Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class or their respective redemption agent as requests to redeem shares of the designated Government Fund – Daily Money Class, Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class registered in the name of the Depositor(s) in the amounts of such checks and to deposit the proceeds of such redemptions in this checking account. Shares for which stock certificates have been issued may not be redeemed in this manner. The Bank shall be liable only for its own negligence.

Depositor(s) hereby authorize Government Fund – Daily Money Class, Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class or their redemption agent to honor redemption requests presented in the above manner by

the Bank. Government Fund – Daily Money Class, Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class and their respective redemption agent will not be liable for any loss, expense, or cost arising out of check redemptions. If shares of Government Fund – Daily Money Class, Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class are purchased by check, redemption proceeds will ordinarily be withheld until the Funds are reasonably assured that payment has been collected on the check. The Bank has the right not to honor checks in amounts exceeding the value of the Depositor's(s') shareholder account at the time the check is presented for payment. The Bank reserves the right to change, modify, or terminate this checkwriting feature at any time upon notification mailed to the address of record of the Depositor(s).





**Did you print and sign the form, and attach any necessary documents?** Send the form and any necessary documents to Fidelity.

**Questions?** For help completing this form, contact your Financial Advisor or call Fidelity at 877-208-0098 between 8:30 a.m. and 7:00 p.m. Eastern time, any day the New York Stock Exchange is open.

**Regular mail**

Fidelity Investments Institutional  
Operations Company, Inc. (FIIOC)  
P.O. Box 770002  
Cincinnati, OH 45277-0082

**Overnight mail**

Fidelity Investments Institutional  
Operations Company, Inc. (FIIOC)  
100 Crosby Parkway, KC1G  
Covington, KY 41015

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