

Dear Fidelity Investor:

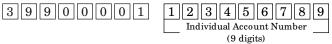
Thank you for your request to have your government checks deposited directly into your Fidelity account.

You will find a Direct Deposit (1199A) form enclosed with this letter. Please complete the form and forward it to the appropriate government office, such as your employer's payroll office, your local Social Security office, or your Veterans Administration office. Remember that the minimum direct deposit into a Fidelity account is \$100.00.

To ensure proper processing of your request, please complete the account number section of the form as indicated below.

Fidelity Brokerage Account Direct Deposit

For example, if your account number is 123-123456



If your account begins with an: X, Y, or Z replace it with: 5, 6, or 7 respectively

For example, if your account number is X98-765432

39900000^*	598765432		
	Individual Account Number		
	(9 digits)		

*If the account begins with X, Y or Z, regardless if you use the conversion table above, enter a 0 in this box. For all other accounts, enter a 1 in this box.

Fidelity Funds Account Direct Deposit

For example, if your account number is 2AA-123456 and the fund is 00055,* Cash Reserves, you would need to click on the following link: <u>http://fidelity.com/goto/ddnumber</u> and complete the account number section with the 9-digit T number displayed (less the T). The T number is T789789789, so your instructions should be completed as follows:

392 00055 789789789

*Fund number can be found on your statement in the "holdings" section, or on the Fidelity.com Web page under the products and services tab.

Please do not return this form to Fidelity. If you need assistance completing this form, please contact us at 800-544-6666.

Thank you for choosing Fidelity Investments as your financial service provider. To learn more about our products and services, please visit our Web site at **Fidelity.com**.

Sincerely,

Fidelity Investments

Enclosures: Direct Deposit form (1199A)

DIRECT DEPOSITI SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain gualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1 (TO BE COMPLETED BY PAYEE)

	D TYPE OF DEPOSITOR ACCOUNT X CHECKING SAVINGS			
	DEPOSITOR ACCOUNT NUMBER			
ZIP CODE	F TYPE OF ACCOUNT NUMBER (Chec	ck only one)		
	Social Security	Fed Salary/Mil.		
	Supplemental Security Income	Mil. Active		
	Railroad Retirement Mil. Retire.			
	□ VA Compensation or Pension □ Other			
	0		(specify)	
C CLAIM OR PAYROLL ID NUMBER				
		TYPE AMOUNT		
Prefix Suffix				
PAYEE/JOINT PAYEE CERTIFICATION				
above, and that I signing this form I nstitution named	the SPECIAL NOTICE TO JOINT A		DERS.	
DATE	SIGNATURE		DATE	
DATE	SIGNATURE		DATE	
	x N above, and that I igning this form I nstitution named DATE	ZIP CODE F TYPE OF ACCOUNT NUMBER (Check Social Security Supplemental Security Income Railroad Retirement Civil Service Retirement (OPM) VA Compensation or Pension G THIS BOX FOR ALLOTMENT OF PA TYPE N above, and that I igning this form I nstitution named SIGNATURE SIGNATURE	ZIP CODE F TYPE OF ACCOUNT NUMBER (Check only one) Social Security Fed Salary/Mil. Supplemental Security Income Mil. Active Railroad Retirement Mil. Retire. Civil Service Retirement (OPM) Mil. Survivor VA Compensation or Pension Other G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if ap TYPE AMOUNT x JOINT ACCOUNT HOLDERS' CERTIFICATI Isigning this form I I certify that I have read and understood the back the SPECIAL NOTICE TO JOINT ACCOUNT HOLD DATE SIGNATURE	

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK			
United Missouri Bank 1008 Oak Street ACH Dept. Kansas City, MO 64106							
		DEPOSITOR ACCOUNT TITLE					
FINANCIAL INSTITUTION CERTIFICATION							
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.							
PRINT OR TYPE REPRESENTATIVE'S NAME Gilbert Hill	SIGNATURE OF REPRESENTATIV	VE	TELEPHONE NUMBER 800-544-6666	DATE			

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- C Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

DOLLARS (29-693-775 JOHN DOE ***100*00 123 BRISTOL STREET HAWKINS BRANCH, TX 7654 Ø NOT NEGOTIABLE CODODOS18: 041571926*

15-51 000

AUSTIN, TEXAS

Check No

0000 - 4157815

CTS

United States Treasury

08 31 84

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doina so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e., after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.