



Checking Account Withdrawal New Account

Use this application to establish a 529 account through checking account withdrawal.

Up to 3 Beneficiaries can be included, and information provided in Sections 1, 2, 5, 6, 7, 8, 10, and 11 will apply to all accounts. Any modifications to these sections that don't apply to all Beneficiaries require separate applications.

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

1. Participant

Must be an individual or trust, not a corporation or joint account holder.

Individual 529 Plan Trust 529 Plan

If you are establishing a trust account, a certified copy of the trust agreement (certified within the past 60 days) is required, or complete the FA 529 Plan Trustee Certification of Investment Authority Form and provide a copy of the first page and all signature pages of the trust agreement.

For multiple trustees, attach a letter of instruction containing this information for each trustee.

Name First, M.I., Last		SSN or TIN <i>required</i>
Date of Birth MM DD YYYY (required)	Driver's License Number/State of Issuance	
Trust Name <i>if applicable</i>	Trust Date MM DD YYYY	

Participant Citizenship*

U.S. Citizen U.S. Resident Alien

* Nonresident Aliens are not eligible to participate in the program.

Provide a U.S. residential mailing address†

Street Address		Apartment
City	State	Zip Code/Postal Code
Daytime Phone	Evening Phone	

† For P.O. Box mailing addresses, attach a letter of instruction with a U.S. residential address.

2. Employer

Company Name		
Street Address		Suite
City	State	Zip Code/Postal Code



3. Financial Advisor

You are required to appoint a Financial Advisor as your agent for your Fidelity Advisor 529 Plan Account(s) to execute investment and other instructions made by you or on your behalf. To be completed by your Financial Advisor.

Dealer Number	Branch Number	Dealer Name	
Representative Number	Representative Name: First, M.I., Last		
Branch Mailing Address			Suite
City		State	Zip Code/Postal Code
Daytime Phone	Evening Phone	Representative Email Address	

Complete this section if Fidelity should contact your Representative Assistant with questions about this application.

Representative Assistant Name: First, M.I., Last	Representative Assistant Phone
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4. Investment Options

Minimum investment required for each portfolio is \$50 per month or \$150 per quarter. Make portfolio selections in Section 5 for each beneficiary.

Age-Based Portfolios	Class P Pool Number
FA 529 Portfolio 2031	2392
FA 529 Portfolio 2028	2129
FA 529 Portfolio 2025	1543
FA 529 Portfolio 2022	1181
FA 529 Portfolio 2019	1053
FA 529 Portfolio 2016	1054
FA 529 Portfolio 2013	1055
FA 529 College Portfolio	1061
Static Allocation Portfolios	Class P Pool Number
FA 529 Aggressive Growth Portfolio	1063
FA 529 Moderate Growth Portfolio	1062
Individual Fund Portfolios	Class P Pool Number
FA 529 Diversified International Portfolio ¹	1064
FA 529 Dividend Growth Portfolio	1067
FA 529 Equity Growth Portfolio	1065
FA 529 Equity Income Portfolio	1066
FA 529 New Insights Portfolio	1551
FA 529 Small Cap Portfolio	1069
FA 529 Stock Selector Mid Cap Portfolio	1068
FA 529 Value Strategies Portfolio	1071
FA 529 High Income Portfolio ¹	1072
FA 529 Inflation-Protected Bond Portfolio	1177
FA 529 Intermediate Bond Portfolio	1073
FA 529 Strategic Income Portfolio	1556
FA 529 Money Market Portfolio	1074

1. FA 529 Diversified International Portfolio and FA 529 High Income Portfolio are subject to a 1% redemption fee on units held less than 30 and 90 days, respectively.

5. Beneficiaries

If making an investment in addition to your systematic contribution, you must also complete a Fidelity Advisor 529 Rollover Form if that additional investment is a rollover from a Coverdell education savings account, a qualified U.S. Savings Bond, or another 529 plan.

Beneficiary 1 Initial Investment

Citizenship (Nonresident Aliens may not be designated as beneficiaries): U.S. Citizen U.S. Resident Alien

Name First, M.I., Last	
SSN required	Date of Birth MM DD YYYY (required)

Relationship to Participant: Child Grandchild Relative Other

Complete address section if Beneficiary's address does not match the Participant's address in Section 1.

Street Address		Apartment
City	State	Zip Code/Postal Code

Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section.

Pool Number 1	Amount 1	Pool Number 2	Amount 2
	\$.		\$.
Pool Number 3	Amount 3	Pool Number 4	Amount 4
	\$.		\$.

Beneficiary 2 Initial Investment

Citizenship (Nonresident Aliens may not be designated as beneficiaries): U.S. Citizen U.S. Resident Alien

Name First, M.I., Last	
SSN required	Date of Birth MM DD YYYY (required)

Relationship to Participant: Child Grandchild Relative Other

Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section.

Street Address		Apartment
City	State	Zip Code/Postal Code

Pool Number 1	Amount 1	Pool Number 2	Amount 2
	\$.		\$.
Pool Number 3	Amount 3	Pool Number 4	Amount 4
	\$.		\$.

Beneficiary 3 Initial Investment

Citizenship (Nonresident Aliens may not be designated as beneficiaries): U.S. Citizen U.S. Resident Alien

Name First, M.I., Last	
SSN required	Date of Birth MM DD YYYY (required)

Relationship to Participant: Child Grandchild Relative Other

Street Address		Apartment
City	State	Zip Code/Postal Code

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5. Beneficiaries

Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section.

Pool Number 1	Amount 1
	\$
Pool Number 3	Amount 3
	\$

Pool Number 2	Amount 2
	\$
Pool Number 4	Amount 4
	\$

6. Successor Participant Designation

Must be an individual or trust, not a corporation or joint account.

A successor participant must be at least 18 years of age and a U.S. resident.

Custodial accounts (UGMA/UTMA 529 Plan) and trusts are not eligible to add a successor participant.

You and your Financial Advisor will receive these copies. Complete only if address is different from the Participant's (no additional copies will be sent if this address matches the Participant's).

I hereby designate the person named below as Successor Participant to receive the assets remaining in the account(s) listed in Section 1 upon my death.

Name First, M.I., Last	SSN or TIN required
Trust Name if applicable	Date of Birth/Date of Trust MM DD YYYY
Relationship to Participant	

Send copies of the following to the Successor Participant:

Confirmations Statements Both

Street Address	Apartment
City	State Zip Code/Postal Code

7. Contingent Successor Participant Designation

Must be an individual or trust, not a corporation or joint account.

A contingent successor participant must be at least 18 years of age and a U.S. resident.

Custodial accounts (UGMA/UTMA 529 Plan) and trusts are not eligible to add a contingent successor participant.

You and your Financial Advisor will receive these copies. Complete only if address is different from Participant's or Successor Participant's (no additional copies will be sent if this address matches the Participant's or the Successor Participant's).

I hereby designate the person named below as Contingent Successor Participant to receive the assets remaining in the account(s) listed in Section 1 upon both my death and that of the Successor Participant.

Name First, M.I., Last	SSN or TIN required
Trust Name if applicable	Date of Birth/Date of Trust MM DD YYYY
Relationship to Participant	

Send copies of the following to the Contingent Successor Participant:

Confirmations Statements Both

Street Address	Apartment
City	State Zip Code/Postal Code

8. Reduced Sales Charge

Should you and/or your spouse have other investments in Fidelity Advisor 529 Plan Accounts or Fidelity Advisor Funds,[®] you may qualify for a reduced sales charge on purchases of Class A units. Refer to the Offering Statement for details. Applicable account numbers are as follows:

A. Rights of Accumulation

	Pool or Fund #	Account #	Applicable SSN/TIN	Bin #
1.				
2.				

B. Letter of Intent

I agree to the terms of the Letter set forth in the Fidelity Advisor 529 Plan Offering Statement. Although I am not obligated to do so, it is my intention to invest over a 13-month period in units that total an aggregate amount at least equal to that indicated below. If the amount indicated is not invested within 13 months, reduced sales charges do not apply. Refer to the Offering Statement for additional details.

The aggregate amount will be at least:

\$50K
 \$100K
 \$250K
 \$500K
 \$1M
 \$

Other										
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9. Systematic Investment Program

Minimum systematic investment required for each Portfolio is \$50/month or \$150/quarter.

If making an investment in addition to your systematic contribution, you must also complete a Fidelity Advisor 529 Rollover Form if that additional investment is a rollover from a Coverdell education savings account, a qualified U.S. Savings Bond, or another 529 plan.

Complete Section 10 to establish Fidelity Advisor Money Line for this program.

Frequency: **Monthly** or **Quarterly**. Program begins with the first available business cycle, based on the date selected.

Transaction dates falling on non-business days will occur the next business day.

If no selection is made, the transaction will occur on the 15th.

Beneficiary 1 Name <i>First, M.I., Last</i>

Pool Number	Frequency	Day (1-31)	Amount <i>min. \$50/month, \$150/quarter</i>
	<input type="checkbox"/> M <input type="checkbox"/> Q		\$.

Beneficiary 2 Name <i>First, M.I., Last</i>

Pool Number	Frequency	Day (1-31)	Amount <i>min. \$50/month, \$150/quarter</i>
	<input type="checkbox"/> M <input type="checkbox"/> Q		\$.

Beneficiary 3 Name <i>First, M.I., Last</i>

Pool Number	Frequency	Day (1-31)	Amount <i>min. \$50/month, \$150/quarter</i>
	<input type="checkbox"/> M <input type="checkbox"/> Q		\$.

10. Bank Information/Fidelity Advisor Money Line®

Fidelity Advisor Money Line allows you and/or your financial advisor to electronically transfer money between bank/credit union account listed below and account listed in Section 1, systematically or on demand. This feature is restricted from use for 10 calendar days after activation.

Do not establish Electronic Payment via Fidelity Advisor Money Line with the information on my initial investment check.

Fidelity Advisor Money Line allows you and/or your financial advisor to electronically transfer money, systematically or on demand, via the Automated Clearing House (ACH), between the bank/credit union account listed below and the account referenced in Section 1. You are restricted from using this feature for distributions for 10 calendar days after its activation.

A signature guarantee is required from all bank account owners and the Fidelity account owner, if you are establishing the Fidelity Advisor Money Line feature and the Fidelity Advisor account owner listed in Section 1 IS NOT listed as a common owner on the bank account provided below. If a company check is provided for a non-entity account then all account owners must sign the request and a corporate resolution is required.

Bank Account Owner Signature	Date MM DD YYYY
SIGN	▶

Bank Account Owner Signature	Date MM DD YYYY
SIGN	▶

SIGNATURE GUARANTEE STAMP


SIGNATURE GUARANTEE STAMP

Tape a preprinted voided check over our sample:

JOHN SMITH 987
 180 Main Street
 Anytown, MA 01234 Date _____

Pay to the order of _____ \$ _____

Amount _____ Dollars

 **VOID**

Memo _____

011123456 **94100 14500** 0987

Bank Routing Number (sample) Bank Account Number (sample)

11. Signatures and Dates *Form cannot be processed without signatures and dates.*

Participants must READ this section, the Offering Statement, and the Participation Agreement. SIGN this section in ink.

Participation Agreement Acknowledgement
<ul style="list-style-type: none"> By signing below, I agree to participate in the Fidelity Advisor 529 Plan. I acknowledge that I have read, understood, and agree to the terms and conditions set forth in the Participation Agreement. I understand that the Participation Agreement and its enforcement shall be governed by the laws of the State of New Hampshire and is not subject to arbitration. It shall cover individually and collectively all accounts which the undersigned may hold under the Trust. It shall inure to the benefit of the Trust's successors and assigns, and the Participation Agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.
Authorization of Fidelity and Financial Advisor
<ul style="list-style-type: none"> I hereby authorize Fidelity Investments Institutional Operations Company (FIIOC) to accept instructions from both me or a representative of my intermediary firm, for transactions that result in funds being electronically transferred between my Fidelity account and my bank account.

documentation as specified on the Fidelity Advisor 529 Plan Rollover Form.

- I am solely responsible for monitoring contributions to my Fidelity Advisor 529 Plan account(s) pursuant to a payroll direct deposit agreement with my employer. I agree that Fidelity Investments and Fidelity Advisor 529 Plan have no duty or obligation to monitor or question changes to, or termination of, payroll direct deposit contributions to my Fidelity Advisor 529 Plan account(s). I hereby acknowledge that my employer may cease offering payroll direct deposit at any time without notice.
- I am of legal age, I have received and read the Offering Statement and Participant Agreement, and I agree to their terms. By signing below, I understand that all of the above items (if applicable) will apply to units of Fidelity Advisor 529 Plan Portfolios into which my units may be exchanged or accounts to which my units may be transferred. I have authorized the Firm identified in Section 3 of this application to act as my agent to execute instructions made by me or on my behalf. I understand that by signing below I hereby ratify any instructions, given by me or the Firm identified in Section 3 of this application, including, without limitation, telephone or electronic instructions, given on this account relating to the above items and agree that neither Fidelity Advisor 529 Plan nor FIIOC will be liable for any loss, cost, or expense for acting upon such instructions (by telephone, in writing, or electronically) believed to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions.
- By signing this application the undersigned Trustee(s) certify(ies) that the provided trust agreement or other organizational documents (or excerpts thereof) are true copies of the legal documents that are currently and validly in effect.
- FIIOC has the authority to accept orders and other instructions relative to the account(s) identified herein from those individuals or entities (the trustee(s), as applicable) listed in Section 1. The trustee(s) may execute any documents on behalf of the trust account that FIIOC may require. By signing this form, the trustee(s) hereby certify(ies) that FIIOC is authorized to follow

the instructions of any trustee(s) listed in Section 1 and to deliver funds or other assets in the account to any such trustee(s) or on any such trustee's instructions, including delivering assets to such trustee(s) personally. FIIOC, in its sole discretion and for its sole protection, may require the written consent of any or all trustee(s) prior to acting upon the instructions of any trustee(s).

- I understand that all the information I have provided in this application, all the terms and conditions to which I have consented, and the certifications contained herein are true and accurate, and will apply to any new Portfolio(s) in which I invest.
- I understand that neither the Portfolio(s) nor Fidelity Distributors Corporation is a bank, and Portfolio(s) are not backed or guaranteed by any bank or insured by the FDIC.
- I hereby agree that my Employer may terminate this payroll direct deposit agreement at any time with respect to amounts not deducted from my pay at the time of termination or if my employer decides to eliminate this feature to employees.
- I understand that my contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my contribution will continue in effect until I change or revoke it or terminate my employment.
- Portfolio units are not deposits or obligations of, or guaranteed by, any depository institution. Units are not insured by the FDIC, the Federal Reserve Board, or any other agency, and are subject to investment risks, including possible loss of principal amount invested.
- I certify under penalties of perjury that: I am a U.S. person (including a U.S. resident alien) and the Social Security or Taxpayer Identification Number provided is correct.**
- Your account balance and certain uncashed checks issued from your account may be transferred to a state unclaimed property administrator if no activity occurs in the account or the check remains outstanding within the time period specified by the applicable state law.

Print Participant/Trustee Name <i>First, M.I., Last</i>	
Participant/Trustee Signature	Date <i>MM/DD/YYYY</i>
SIGN ▶	▶

Print Additional Trustee Name <i>First, M.I., Last</i>	
Additional Trustee Signature	Date <i>MM/DD/YYYY</i>
SIGN ▶	▶

[Reset](#) [Print](#)





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

Questions? Contact your advisor for help completing this application.

Regular mail

Fidelity Advisor 529 Plan
Fidelity Investments Institutional
Operations Company (FIIOC)
P.O. Box 770002
Cincinnati, OH 45277-0086

Overnight mail

Fidelity Advisor 529 Plan
Fidelity Investments Institutional
Operations Company (FIIOC)
100 Crosby Parkway, KC1G
Covington, KY 41015

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 individual investors opening an account: When you open an account, you will be asked for your name, address, date of birth, and other information that will allow us to identify you. You may also be asked to provide documents that may help to establish your identity, such as your driver's license.

For investors other than individuals: When you open an account, you will be asked for the name of the entity, its principal place of business and TIN and may be requested to provide information on persons with authority or control over the account such as name, residential address, date of birth and Social Security number. You may also be asked to provide documents, such as driver's licenses, articles of incorporation, trust instruments or partnership agreements and other information that will help us identify the entity.

Fidelity Advisor 529 Plan is offered by the State of New Hampshire and managed by Fidelity Investments.

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Fidelity Investments Institutional Operations Company, Inc.
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