

Durable Power of Attorney– Affidavit and Indemnification

Use this form to certify the validity and effectiveness of the Durable Power of Attorney (POA) that granted you the power to act on behalf of the account owner of the Fidelity accounts listed on this form and to indemnify Fidelity. Do NOT use this form for any trust, custodial, business accounts, defined benefit, non-prototype retirement plans, fiduciary accounts, Fidelity Retirement Plans, or workplace retirement plans, such as a 401(k). Type on screen or print out and fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

Helpful to Know

or c/o.

Address

Mailing Address

- You must submit a copy of the documents naming you the Attorney-in-Fact for the account owner, as well as copies of any supporting documents, along with this form.
- Each Attorney-in-Fact added to an account must complete and submit a separate form.

1. Account	Owner														
Phone numbers are for questions about this request only;	Name														
this request only, they will not update your Fidelity con- tact information.	Evening Phone			Daytime Phon	е						Ext	tensio	n		
2. Account(s	s) Included														
	Account Number		Account Number				Account Number								
										L					
Account Number			Account Number				Account Number								
3. Attorney	-in-Fact														
Be sure to provide	First Name	M.I.	Last Name	ast Name				Social Security or Taxpayer ID Numl				Number			
your full legal name.															
	Date of Birth MM DD YYYY Eve	ening Pho	one D			Daytime Phone				Ext			xtensio	tension	
Legal/Residential	Address														
Provide the address	Address														
used for tax report- ing. Cannot be a															
PO Box, Mail Drop,	City		State/P	rovince	Zip/Pos	tal Code	-	Count	ry						

Attorney-in-Fact continues on next page.

Country



State/Province

Zip/Postal Code

☐ Same as legal/residential address ▷ Skip to "U.S. Citizens."

Citizenship

·	U.S	5. Citizens							
		☐ U.S. Citizen and tax resident. ▷ If you checked this box, skip to "Income Source," below.							
	Foreign Citizens ONLY: Residency, Citizenship, and Government Identification								
If you are NOT a U.S.	_	Permanent U.S. resident Non-permanent U.S. resident Non-resident of U.S.							
citizen, check one and		intry of Citizenship	on-permanent 0.5.	Country of Tax Residency					
provide information.		,			,				
		, State/Province, and Country of Birth							
Charle and attach		DUC D D C	П гI A	o de de de Persona	Latinia Danisa III Danisa III I				
Check one and attach copy of Government		DHS Permanent Resident Card U.S. driver's license		Authorization Documer	Passport with U.S. visa				
ID showing number and photo.		U.S. arivers license	nal identity document f not U.S.	<u> </u>					
ана рного.	יו טו	Number	Thot U.S.	not U.S. State, if drivers lice					
Income Source									
Check one and		Employed: Self-employed:							
provide information.		Occupation	Employer Leave blan	Employer Leave blank if self-employed.					
Industry regulations require us to ask for									
this information.		Employer Address							
		City	State/Province	Zip/Postal Code	Cour	ntry			
		Retired: Not employed:							
		Source of Income Pension, investments, sp	ouse etc.						
Associations and (orn	orate Control Status							
		ry regulations to determine if you o	r compone in vour h	acuachald are accasint	مطنينيام	a financial convices company or			
are a control person of	a cor s) state	poration. If you indicate that you are ements to that firm. If the account	e associated with a	firm engaged in the se	ecurities	business, Fidelity must also send			
If you check this		You are associated with or employ	ed by a stock excha	ange, exchange memb	er, FIN	RA, or municipal securities dealer			
box, attach compli- ance officer's letter		☐ Same as employer							
of approval ("407		Entity Name	Entity Address	Entity Address					
letter"). If your association is with									
your employer we	/our employer we State/Province ust let them know		Zip/Postal Code Cour		ntry				
that you have been									
named as a POA for this account(s). Having an account at		You are, or someone in your hous under SEC Rule 144 (such as direct	sehold or immediat tor, 10% shareholde	e family is, a control per, policy-making office	oerson er, or m	of a publicly traded company nember of the board of directors)			
a firm does not make	Company Name Trading Symbol								
you an associate.									

Attorney-in-Fact continues on next page.



Duplicate Materials

If you would like to receive copies of account statements or transaction confirmations, check the appropriate boxes below. Account statements can be sent either electronically or by U.S. mail. If you would like them to be sent electronically, you must already be a Fidelity customer, and you must provide a valid e-mail address. ☐ Account statements Transaction confirmations (will be sent by U.S. mail)

4. Attorney-in-Fact Signature and Date Named Attorney-in-Fact must sign and date.

By signing below, you:

- Affirm that you have read, and that you understand and agree to be bound by, the provisions of this form as well as (and without limitation) the terms and conditions governing Fidelity's relationship with the account owner as set forth in the Fidelity Account Customer Agreement (the "Agreement") and the Schedule of Fees (which is incorporated into the Agreement by reference and legally forms a part of that document), as is currently in effect and as may be amended in the future.
- Affirm that you are the individual named in the document(s) appointing the Attorney(s)-in-Fact for the account owner named in Section 1 and the accounts listed in Section 2.
- Accept appointment as Attorney-in-Fact for the account owner, according to all terms and conditions described in this form.
- Agree that any information given on this form is subject to verification. You authorize Fidelity Brokerage Services LLC, National Financial Services LLC and their agents, affiliates, assigns, control persons, employees, successor custodians, officers and directors (collectively, "Fidelity") to act on all instructions given on this form, to obtain a credit or other financial responsibility report on yourself and upon written request, to provide the name and address of the credit reporting agency used.
- Agree that if you have not checked either box in the Associations and Corporate Control Status portion of Section 3, you represent and warrant that you are not associated with or employed by a stock exchange or a broker-dealer and that you are not a control person or affiliate or a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policy-making officer), or an immediate family or household member of such a person.
- Affirm that the account owner is not deceased, has not partially or totally revoked, suspended, or terminated the authority delegated and that there is no petition pending to determine the incapacity or to appoint a guardian for the account owner.

- Agree not to issue or relay any instructions that you believe to be inconsistent with your powers or responsibilities as Attorney-in-Fact.
- Agree to identify yourself as Attorney-in-Fact when signing documents on behalf of the account owner, using either of these accepted forms: "[account owner name] by [your signature] as Agent," or "[your signature] as Agent for [account owner name]".
- Indemnify and hold Fidelity harmless from and against any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from transactions made in accordance with your instructions. You further agree that the indemnifications in this bullet are in addition to, and do not limit, any rights that Fidelity may have under any other agreement with you.
- Agree that Fidelity may restrict or suspend your ability to remove money from the accounts listed in Section 2.
- Agree to serve as Attorney-in-Fact, and acknowledge that you shall remain Attorney-in-Fact, until Fidelity has received what it considers to be satisfactory written notice of either the account owner's death or your removal or resignation as Attorney-in-Fact. Written notice to the account owner and to any co-agent, successor agent, or the account owner's guardian (if one has been appointed), will ordinarily constitute satisfactory notice of resignation.
- Agree to cease acting as Attorney-in-Fact if you know, or have reason to know, that your capacity to act as Attorney-in-Fact has been limited or terminated for any reason.
- Represent that if there are multiple Attorneys-in-Fact authorized with respect to the accounts listed in Section 2, you are authorized to act severally or individually, and that Fidelity may follow any of your instructions independent of all other Attorneys-in-Fact, including the delivery of assets to you personally.
- Understand that in the event of any conflict between instructions given by Attorneys-in-Fact or by an account owner and an Attorneyin-Fact, Fidelity may restrict the account until it has received joint written instructions that it finds satisfactory.

Attorney-in-Fact Signature and Date continues on next page.



1.933234.101 002840203 Page 3 of 4

This durable POA shall be governed by Massachusetts law, except with respect to its conflict of laws provisions.

You acknowledge that this account and durable POA are governed by a predispute arbitration clause, which appears on the last page of the Fidelity Customer Agreement, and that you have read the predispute arbitration clause.

Attorney-in-Fact Name							
Attorney-in-Fact Signature	Date MM DD YYYY						
SIGN							

Certificate of Acknowledgement of Notary Public Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.								
State of	_ , in the 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 as identification, that								
the foregoing statements were true and accurate and made of his/her own free act and deed, on/								
Print Notary Name		▼ NOTARY SEAL/STAMP ▼						
Notary Signature	Date MM DD YY	YY						
SIGN								
My commission expires//_								

Did you sign the form and attach any necessary documents?
Send the ENTIRE form and any attachments to Fidelity Investments.

Questions? Go to Fidelity.com/poa or call 1-800-544-6666.

Use postage-paid envelope, drop off at a Fidelity Investor Center, OR deliver to:

Regular mail Fidelity Investments PO Box 770001 Cincinnati, OH 45277-0002 Overnight mail Fidelity Investments 100 Crosby Parkway KC1K Covington, KY 41015

1.933234.101 Page 4 of 4 002840204