

City of Dallas 457 Deferred Compensation Plan

Fidelity Investments

Beneficiary Designation

1. GENERAL INSTRUCTIONS

Please complete this form and sign it on the back. In the future, you may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity.

Mailing instructions:

Return this form to:

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

Questions? Call Fidelity Investments at 1-800-343-0860, Monday through Friday, from 7 a.m. to 11 p.m. Central time, or visit us at www.fidelity.com/atwork.

2. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to three primary and three contingent beneficiaries. To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper.

When designating primary and contingent beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name and the date the trust was created.

Unless otherwise specified by your plan, if more than one person is named and no percentages are indicated, payment will be made in equal shares to your primary beneficiaries who survive you. If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary's designated share shall be divided among the surviving primary beneficiaries in proportion to the percentage selected for them.

3. AUTHORIZATION

Please provide your signature.

Fidelity Investments Institutional Operations Company, Inc.



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City of Dallas 457 Deferred Compensation Plan

Fidelity Investments

Beneficiary Designation



1. YOUR INFORMATION

Please use a **black** pen and print clearly in CAPITAL LETTERS.

Social Security #: - - Date of Birth: - -

First Name:

Last Name:

Mailing Address:

Address Line 2:

City: State:

Zip: -

Daytime Phone: - - Evening Phone: - -

E-mail Address:

Name of Employer: City/State of Employer:

Plan Number:

I am: Single OR Married

2. DESIGNATING YOUR BENEFICIARY(IES)

Please check here if you have more than three primary or three contingent beneficiaries.

Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

<p>1. Individual: <input type="text"/> OR</p> <p>Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR</p> <p>Date of Birth or Trust Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Trust Name: <input type="text"/></p> <p>Tax ID Number: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Percentage: <input type="text"/> <input type="text"/> <input type="text"/> %</p> <p>Relationship to Applicant: <input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other</p>
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2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

2. Individual: OR

 Social Security Number: OR
 - -
 Date of Birth or Trust Date:
 - -

Trust Name:

 Tax ID Number: Percentage:
 - %
 Relationship to Applicant:
 Spouse OR Trust OR Other

3. Individual: OR

 Social Security Number: OR
 - -
 Date of Birth or Trust Date:
 - -

Trust Name:

 Tax ID Number: Percentage:
 - %
 Relationship to Applicant:
 Spouse OR Trust OR Other Total = 100%

Contingent Beneficiary(ies)

If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below. **Please note:** Your primary beneficiary cannot be your contingent beneficiary.

1. Individual: OR

 Social Security Number: OR
 - -
 Date of Birth or Trust Date:
 - -

Trust Name:

 Tax ID Number: Percentage:
 - %
 Relationship to Applicant:
 Spouse OR Trust OR Other

2. Individual: OR

 Social Security Number: OR
 - -
 Date of Birth or Trust Date:
 - -

Trust Name:

 Tax ID Number: Percentage:
 - %
 Relationship to Applicant:
 Spouse OR Trust OR Other

3. Individual: OR

 Social Security Number: OR
 - -
 Date of Birth or Trust Date:
 - -

Trust Name:

 Tax ID Number: Percentage:
 - %
 Relationship to Applicant:
 Spouse OR Trust OR Other Total = 100%

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).



3. SIGNATURE AND AUTHORIZATION

Individual Authorization: By executing this form

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct.
- I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver another completed and signed Beneficiary Designation Form to Fidelity with a later date.
- I am aware that the beneficiary information provided herein shall apply to all my Fidelity Accounts under the plan listed in Section 1 for which Fidelity Management Trust Company ("FMTC") (or its affiliates and/or any successor appointed pursuant to the terms of such Accounts or trust agreement in effect between FMTC and my Employer, as applicable) acts as trustee or custodian, and shall replace all previous designation(s) I have made on any of my Accounts.

Your Signature:

X

Date:

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Fidelity Investments Institutional Operations Company, Inc. W.802149.103



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