



Fidelity Advisor 529 Plan

Sponsored by the State of New Hampshire

New Account Application

Please Note: If you are establishing a trust account, you are required to provide a certified copy of the trust agreement (certified within 60 days) or complete the Fidelity Advisor 529 Plan Trustee Certification of Investment Authority Form and provide a copy of the first page (not including cover page) and the (all) signature page(s) of the trust agreement. If your initial contribution to your Fidelity Advisor 529 Plan account includes a rollover contribution from a Coverdell education savings account, a qualified U.S. Savings Bond, or another 529 Plan, you must also complete a Fidelity Advisor 529 Plan Rollover Form.

If you use this application to establish more than one Fidelity Advisor 529 Plan account, the information you provide in Section(s) 1, 3, 5, 6, 7, 10, and 11 of this application will be identical on all accounts. If you want to modify the information you provide in Section(s) 1, 3, 5, 6, 7, 10, and 11 on any Fidelity Advisor 529 Plan account, you will need to complete a separate application for that account.

When completing this form, please type or print clearly in all CAPITAL LETTERS using black ink.

Please mail this completed form via regular mail to:

Fidelity Advisor 529 Plan

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

You can also mail this completed form via overnight delivery to:

Fidelity Advisor 529 Plan

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

Have applicable check made payable to Fidelity Advisor 529 Plan.

1 PARTICIPANT INFORMATION

Please provide the following required information for the Participant. The Participant must be an individual or trust and not a corporation or joint account holder.

Individual 529 Plan

Trust 529 Plan

OR

UGMA/UTMA 529 Plan (Custodial Account)

If you do not designate an UGMA/UTMA state in Section 4: Beneficiary Information, you are deemed to designate the state reflected in the account's address of record.

Participant/Trustee*/Custodian Name (First, Middle Initial, Last)

Social Security Number or TIN (required)

Participant/Trustee/Custodian Date of Birth (mm-dd-yyyy)

Participant Driver's License Number/State of Issuance

Trust Name (if applicable)

Trust Date (mm-dd-yyyy)

Participant Citizenship**

U.S. Citizen

U.S. Resident Alien

* If there is more than one trustee, please attach a letter of instruction to the application containing the information above for each trustee.

** Non-Resident Aliens are not eligible to participate in the program.

Mailing Address† - Please provide a U.S. residential address.

Street Address

Apartment

City

State

ZIP Code/Postal Code

Daytime Telephone Number

Evening Telephone Number

† If your mailing address is a P.O. Box, please attach a letter of instruction with a U.S. residential address.

2 PORTFOLIO INFORMATION

Minimum initial investment is \$1,000.00. If establishing a systematic investment program(s), the minimum initial investment is \$50.00 per Portfolio. All of the information below is required to establish the account.

AGE-BASED PORTFOLIOS	POOL NUMBERS		
	CLASS A	CLASS B*	CLASS C
FA 529 College Portfolio	1221	1233	1243
FA 529 Portfolio 2007	1218	1231	1241
FA 529 Portfolio 2010	1217	1230	1240
FA 529 Portfolio 2013	1216	1229	1239
FA 529 Portfolio 2016	1215	1228	1238
FA 529 Portfolio 2019	1214	1227	1237
FA 529 Portfolio 2022	1213	1224	1236
FA 529 Portfolio 2025	1539	1540	1541
STATIC ALLOCATION PORTFOLIOS	CLASS A	CLASS B*	CLASS C
FA 529 100% Equity Portfolio	1223	1235	1245
FA 529 70% Equity Portfolio	1222	1234	1244
INDIVIDUAL FUND PORTFOLIOS	CLASS A	CLASS B*	CLASS C
FA 529 Diversified International Portfolio ¹	1075	1086	1162
FA 529 Dividend Growth Portfolio	1078	1089	1165
FA 529 Equity Income Portfolio	1077	1088	1164
FA 529 Equity Growth Portfolio	1076	1087	1163
FA 529 Mid Cap Portfolio	1079	1090	1166
FA 529 New Insights Portfolio	1546	1547	1548
FA 529 Small Cap Portfolio	1081	1091	1167
FA 529 Value Strategies Portfolio	1082	1092	1168
FA 529 High Income Portfolio ¹	1083	1093	1169
FA 529 Inflation-Protected Bond Portfolio	1174	1175	1176
FA 529 Intermediate Bond Portfolio	1084	1094	1170
FA 529 Strategic Income Portfolio	1552	1553	1554
FA 529 Money Market Portfolio	1085	1095	1171

* Class B Units may not be purchased for an account if the Beneficiary is age 14 or older.

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.

3 FINANCIAL ADVISOR INFORMATION

You are required to appoint a Financial Advisor as agent for you on 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.

Are you a Trust Department? Yes No

Dealer Number

Branch Number

Dealer Name

Representative Number

Representative Name (First, Middle Initial, Last)

Branch Mailing Address

Suite

City

State

ZIP Code/Postal Code

Telephone Number

Fax Number

Representative Email Address

4 BENEFICIARY INFORMATION

BENEFICIARY 1 INITIAL INVESTMENT

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

Beneficiary/Minor 1 Name (First, Middle Initial, Last)

Beneficiary/Minor 1 Social Security Number

Beneficiary/Minor 1 Date of Birth (mm-dd-yyyy)

For UGMA/UTMA 529 Plan Only:

Under the (state) UGMA/UTMA Age of Minor

Relationship to Participant (required): Child (C) Grandchild (G) Relative (R) Other (O)

If the address of Beneficiary 1 is not the same as the Participant, complete the information below.

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

\$

Bin # (if applicable)

Pool Number 2

Amount 2

\$

Pool Number 3

Amount 3

\$

Pool Number 4

Amount 4

\$

BENEFICIARY 2 INITIAL INVESTMENT

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

Beneficiary/Minor 2 Name (First, Middle Initial, Last)

Beneficiary/Minor 2 Social Security Number

Beneficiary/Minor 2 Date of Birth (mm-dd-yyyy)

For UGMA/UTMA 529 Plan Only:

Under the (state) UGMA/UTMA Age of Minor

Relationship to Participant (required): Child (C) Grandchild (G) Relative (R) Other (O)

If the address of Beneficiary 2 is not the same as the Participant, complete the information below.

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

\$

Bin # (if applicable)

Pool Number 2

Amount 2

\$

Pool Number 3

Amount 3

\$

Pool Number 4

Amount 4

\$

4 BENEFICIARY INFORMATION (continued)

BENEFICIARY 3 INITIAL INVESTMENT

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

Beneficiary/Minor 3 Name (First, Middle Initial, Last)

Beneficiary/Minor 3 Social Security Number

Beneficiary/Minor 3 Date of Birth (mm-dd-yyyy)

For UGMA/UTMA 529 Plan Only:

Under the (state) UGMA/UTMA Age of Minor

Relationship to Participant (required): Child (C) Grandchild (G) Relative (R) Other (O)

If the address of Beneficiary 3 is not the same as the Participant, complete the information below.

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

\$

Bin # (if applicable)

Pool Number 2

Amount 2

\$

Pool Number 3

Amount 3

\$

Pool Number 4

Amount 4

\$

5 DESIGNATION OF SUCCESSOR PARTICIPANT*

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.

Note: Custodial accounts (UGMA/UTMA 529 Plan) and trusts are not eligible to add a successor participant. A successor participant must be at least 18 years of age and a U.S. resident.

Successor Participant or Trustee Name (First, Middle Initial, Last)

Social Security Number or TIN (required)

Trust Name (if applicable)

Date of Birth/Date of Trust (mm-dd-yyyy)

Relationship to Participant

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

In addition to me and my Financial Advisor, please send copies of the following to the Successor Participant:

Confirmations Statements Both

If address is the same as Participant's, no additional statements and/or confirmations will be sent. Only complete if address is different from Participant's.

Street Address

Apartment

City

State

ZIP Code/Postal Code

6 DESIGNATION OF CONTINGENT SUCCESSOR PARTICIPANT* (OPTIONAL)

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.

Note: Custodial accounts (UGMA/UTMA 529 Plan) and trusts are not eligible to add a contingent successor participant. A contingent successor participant must be at least 18 years of age and a U.S. resident.

6 DESIGNATION OF CONTINGENT SUCCESSOR PARTICIPANT* (OPTIONAL) (continued)

Contingent Successor Participant or Trustee Name (First, Middle Initial, Last)

Social Security Number or TIN (required)

Trust Name (if applicable)

Date of Birth/Date of Trust (mm-dd-yyyy)

Relationship to Participant

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

In addition to me and my Financial Advisor, please send copies of the following to the Contingent Successor Participant:

Confirmations Statements Both

If address is the same as Participant or Successor Participant, no additional statements and/or confirmations will be sent. Only complete if address is different from Participant's or Successor Participant's.

Street Address

Apartment

City

State

ZIP Code/Postal Code

7 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. Please refer to the Offering Statement for details. Applicable account numbers are as follows:

A. RIGHTS OF ACCUMULATION

1.	Pool or Fund # <input type="text"/>	Account # <input type="text"/>	Applicable SSN/TIN <input type="text"/>	BIN <input type="text"/>
2.	Pool or Fund # <input type="text"/>	Account # <input type="text"/>	Applicable SSN/TIN <input type="text"/>	BIN <input type="text"/>

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. Please refer to the Offering Statement for additional details.

The aggregate amount will be at least:

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

8 SYSTEMATIC INVESTMENT PROGRAM

Minimum systematic investment required for each Portfolio is \$50.00 per month or \$150.00 per quarter. (Please also establish Fidelity Advisor Money Line® by completing Section 10 to support this program.)

Frequency: Monthly (12 Investments), Quarterly (4 Investments). Please choose any day between the 1st and 31st of the month. If no selection is made, the transaction will occur on the 15th. **If this feature cannot be established by the date selected, it will begin in the following month/quarter.** If the date selected falls on a non-business day, the transaction will occur on the next business day.

BENEFICIARY 1 NAME (FIRST, MIDDLE INITIAL, LAST)

Pool Number 1 <input type="text"/>	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>
Pool Number 2 <input type="text"/>	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>
Pool Number 3 <input type="text"/>	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>
Pool Number 4 <input type="text"/>	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>

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8 SYSTEMATIC INVESTMENT PROGRAM (continued)

BENEFICIARY 2 NAME (FIRST, MIDDLE INITIAL, LAST)

Pool Number 1	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>
Pool Number 2	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>
Pool Number 3	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>
Pool Number 4	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>

BENEFICIARY 3 NAME (FIRST, MIDDLE INITIAL, LAST)

Pool Number 1	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>
Pool Number 2	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>
Pool Number 3	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>
Pool Number 4	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q	Day (1-31) <input type="text"/>	Amount (min. \$50 month, \$150 per quarter) \$ <input type="text"/>	Start Date (mm-yyyy) <input type="text"/>

PLEASE NOTE: AN ACCOUNT'S ANNUAL MAINTENANCE FEE WILL BE WAIVED THROUGH THE ESTABLISHMENT OF A SYSTEMATIC INVESTMENT PROGRAM ON AN ACCOUNT.

9 DOLLAR COST AVERAGING

Please indicate below the Portfolios you wish to systematically exchange within the Fidelity Advisor 529 Plan account. A minimum \$50 exchange between Portfolios is required. On the exchange of Class B units, your original Contingent Deferred Sales Charge will apply on the new Portfolio when distributed. The establishment of Dollar Cost Averaging is considered the one exchange among Portfolios allowed per calendar year. Please refer to the Offering Statement for additional details for this feature.

Frequency: Monthly (12 Investments), Quarterly (4 Investments), Semi-Annually (2 Exchanges), or Annually (1 Exchange). Please choose any day between the 1st and 31st of the month. If no selection is made, the transaction will occur on the 15th. **If this feature cannot be established by the date selected, it will begin in the following month/quarter.** If the date selected falls on a non-business day, the transaction will occur on the next business day.

Please establish Dollar Cost Averaging beginning (mm/yyyy) as follows:

BENEFICIARY 1 NAME (FIRST, MIDDLE INITIAL, LAST)

From: Pool Number <input type="text"/>	To: Pool Number <input type="text"/>	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	Day (1-31) <input type="text"/>	Whole Dollar Amount \$ <input type="text"/>
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BENEFICIARY 2 NAME (FIRST, MIDDLE INITIAL, LAST)

From: Pool Number <input type="text"/>	To: Pool Number <input type="text"/>	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	Day (1-31) <input type="text"/>	Whole Dollar Amount \$ <input type="text"/>
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BENEFICIARY 3 NAME (FIRST, MIDDLE INITIAL, LAST)

From: Pool Number <input type="text"/>	To: Pool Number <input type="text"/>	Frequency <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	Day (1-31) <input type="text"/>	Whole Dollar Amount \$ <input type="text"/>
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10 BANK INFORMATION/FIDELITY ADVISOR MONEY LINE

Fidelity Advisor Money Line will automatically be added to your account using the bank information from your initial investment check, provided there is at least one common name on the check and the account registration in Section 1, otherwise you must attach a voided check with the banking information you wish to use. You must check the box below if you do not wish to establish the Money Line feature.

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.

At least one of the names on the bank/credit union account indicated below must match the account registration in Section 1.

Please tape a preprinted voided check over our sample:

JOHN SMITH
180 Main Street
Anytown, MA 01234

Date _____

Pay to the order of _____ \$ _____

Amount _____ Dollars

ANYBANK USA

Memo _____

011123456 94100 14500 0987

Bank Routing Number Bank Account Number

11 SIGNATURE

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

PARTICIPATION AGREEMENT ACKNOWLEDGEMENT

- 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

- I hereby authorize FIIOC to accept instructions from both me or a representative of my intermediary firm, for transactions which result in funds being electronically transferred between my Fidelity account and my bank account.
- I understand that it is my responsibility to read the Offering Statement. I have read, understood, and agree to the terms and conditions set forth in the separate Offering Statement as is currently in effect and as may be amended from time to time.
- By signing below, I understand that Fidelity will treat all contributions to my account as non-rollover contributions until such time as Fidelity receives a completed Fidelity Advisor 529 Plan Rollover Form or such other documentation as Fidelity deems adequate and acceptable. If the contributions are rollover contributions from a Coverdell education savings account, qualified U.S. Savings Bond, or another 529 program, Fidelity will treat the entire amount of all such contributions as earnings in the 529 Plan account receiving the distribution until such time as Fidelity receives the appropriate additional documentation as specified on the Fidelity Advisor 529 Plan Rollover Form.
- 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.

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11 SIGNATURE (continued)

- 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) or Custodian, as applicable) listed in Section 1. The Trustee(s)/Custodian may execute any documents on behalf of the trust/custodial account that FIIOC may require. By signing this form, the Trustee(s)/Custodian hereby certify(ies) that FIIOC is authorized to follow the instructions of any Trustee(s)/Custodian listed in Section 1 and to deliver funds or other assets in the account to any such Trustee(s)/Custodian or on any such Trustee(s)/Custodian's instructions, including delivering assets to such Trustee/Custodian personally. FIIOC, in its sole discretion and for its sole protection, may require the written consent of any or all Trustee(s)/Custodian prior to acting upon the instructions of any Trustee(s)/Custodian.
- 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.
- If I have completed Section 9, I hereby authorize FIIOC to make exchanges within this account in accordance with the instructions given and agree that neither the Portfolio nor FIIOC will be liable for any loss, cost, or expense for acting upon such instructions. I acknowledge that the establishment of the Dollar Cost Averaging option is considered the one exchange among portfolios allowed per calendar year.
- I hereby authorize FIIOC, upon either receiving instructions from me, the intermediary firm for my account, or in accordance with the instructions provided in Section 8 or 9 of this Application, to make payments of amounts representing redemptions by me, or distributions payable to me, or to secure payments of amounts to be invested by me, by initiating credit or debit entries to the account indicated in Section 10 (Bank). I authorize and request the Bank indicated in Section 10 to accept such entries from FIIOC, and to credit or debit, as indicated, my account at that Bank in accordance with these entries. I hereby ratify any instructions given pursuant to this authorization and agree that neither the Portfolio nor FIIOC will be liable for any loss, liability, cost, or expense for establishing these privileges or acting upon such instructions. I acknowledge that this authorization may only be revoked by providing written notice of revocation to FIIOC, in such time and manner as to afford FIIOC and the Bank a reasonable opportunity to act upon it.
- 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: (1) I am a U.S. person (including a U.S. resident alien) and the Social Security or Taxpayer Identification Number provided is correct; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding for failure to report all dividend and interest income; or (c) I have been notified by the IRS that I am no longer subject to backup withholding. (Cross out item 2 if it does not apply to you.)

• The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please Print Participant/Trustee Name Below

Signature of Participant/Trustee

Date

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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.

Provided by Atlantic Financial Inc.

www.atlanticfinancial.com
 167 Washington Street, Norwell, MA 02061
 Email: questions@atlanticfinancial.com



Fidelity Investments & Pyramid Design, Fidelity Advisor Funds, and Fidelity Advisor Money Line are registered service marks of FMR LLC.

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

Fidelity Investments Institutional Operations Company, Inc.
 413825.4.0 1.746861.117
 0708



Smart move.