Fidelity INVESTMENTS®

Plan-to-Plan Direct Rollover Form

Use this form to: Perform a rollover from your previous employer-sponsored retirement plan at Fidelity to your current employer-sponsored retirement plan at Fidelity.

1. Account Owner (Participant) *Includes current or former employee, beneficiary, or qualified alternate payee.*

Phone numbers are for questions about this transaction only; they do not update your account information. ▶

If you are married, your spouse may need to sign this form. Ask your employer or Fidelity. ▶

Name	Social Security or Taxpayer ID Number *Required Information*

Date of Birth *MM-DD-YYYY*	Evening Phone	Daytime Phone

☐ Married   ☐ Not married

Please provide a valid phone number where you can be reached, as Fidelity may need to contact you regarding this request.

2. Complete the Following Steps Describing the Rollover

Step 1: Payment Option: Lump-Sum Rollover FROM the following plan:

Name of Employer Plan	Plan Number

Plan Sponsor Verification
This signature must be from an authorized representative of the employer.

Vesting Percentage	Termination Date

Name of Plan Representative *(please print)*

Representative Signature	Date *MM-DD-YYYY*

SIGN ▶   ▶

Step 2: Rollover INTO the following plan using my rollover mix on file. If no rollover mix is on file, use my deferral mix; if no deferral mix, then use the plan's default fund:

Name of Employer Plan	Plan Number

3. After Tax/Roth

Step 3: If you have <u>not</u> made after-tax or Roth contributions to your retirement account, or you intend to roll over 100% of your distribution to the "INTO" plan referenced above, please SKIP THIS SECTION.

<u>After Tax Contributions (excluding Earnings)</u>

☐ Send a check directly to me as a non-rollover distribution

<u>Roth Account</u>

☐ Rollover to a Roth IRA at Fidelity.

Account Number

☐ Rollover to a Roth IRA with a different custodian.

IRA Custodian: The check will be made payable to the IRA Custodian

☐ Send a check directly to me as a non-rollover distribution

If you choose to have your Roth Account paid to you directly as a non-rollover distribution, taxable earnings will be subject to 20% mandatory federal income tax withholding. State taxes will also be withheld, if applicable. You may owe additional taxes besides the amount withheld. A 10% early distribution tax penalty may also apply if you are under age 59½.

4. Consent: Please sign and date the form below. If you are married, your plan's rules may require you to obtain you spouse's notarized consent and/or your Plan Sponsor's signature.

Participant Acknowledgement (Required)

I have received the Plan's notices relating to the Plan's forms of distribution and the tax consequences of a distribution. In accordance with the above information, I authorize the Plan to distribute the amount that I have requested. I understand that an incomplete application will be returned to me.

By signing below, I hereby waive my/our right to receive payment of my vested account balance either in the form of a Joint and Survivor Annuity, if married, or a Life Annuity, if not married. In addition, by signing below, I hereby certify that the marital status indicated above is accurate. The Plan Administrator has provided me/us with an explanation of the terms of an annuity form of payment, the right to waive the annuity form of payment, the time frame during which the decision to waive the annuity may be made or revoked, and the financial effect of waiving the annuity form of payment.

I hereby elect to receive distribution or initiate a direct rollover of my vested account balance and to waive the 30-day waiting period, but understand that such a distribution or rollover may not be initiated prior to seven days after my receipt of the explanation of the forms of distribution available under the Plan and the notice describing the tax consequences and rollover options for this distribution.

Participant Name *(please print)*

SIGN | Signature | Date *MM-DD-YYYY*

5. Spouse's Consent (if applicable)

I am the spouse of the participant named in the request form. I hereby consent to the election of distribution as indicated by my spouse, to have benefits paid in the form specified rather than in the form of a qualified joint and survivor annuity. Further, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the waiver of benefits I would be entitled to receive upon my spouse's death; (2) that my spouse's waiver of a qualified joint and survivor annuity, if applicable, is not valid unless I consent to it; (3) that my consent is voluntary, and is irrevocable unless my spouse revokes the waiver; and (4) that my consent must be witnessed by a notary public or plan representative. I understand that if the distribution described in this form is not processed within 180 days of the date that the notices were provided, my consent expires.

Name of Spouse *(please print)*

SIGN | Spouse's Signature | Date *MM-DD-YYYY*

To be completed by a notary public or plan representative. *A signature guarantee cannot be substituted for a notary.*

On this day ☐☐ – ☐☐ – ☐☐☐☐ , before me appeared _____ , who acknowledged himself or herself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary/Plan Representative Name

Notary Commission Expires *MM-DD-YYYY* | Commissioned in State

Notary Seal

SIGN | Notary/Plan Representative Signature | Date *MM-DD-YYYY*