

New Fidelity Account® — SEP IRA

Use this application to open a Simplified Employee Pension (SEP) Plan IRA account. 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.

Important to Understand

By signing this application, you acknowledge that:

- Fidelity Brokerage Services LLC ("FBS") will perform brokerage and administrative services.
- National Financial Services LLC ("NFS") will maintain the assets in a brokerage account and provide administrative services.
- Fidelity Management Trust Company ("FMTC") will act as IRA Custodian.
- FBS, NFS, and FMTC are together referred to herein as "Fidelity."
- Important documents related to your account include the Fidelity IRA Custodial Agreement and Disclosure Statement and Fidelity Brokerage Retirement Account Customer Agreement ("Customer Agreement"), and other relevant information delivered from time to time.

Helpful to Know

Regarding this account:

- To transfer your existing SEP IRA to Fidelity from another custodian, you must also complete the Fidelity Transfer of
- For additional information or for help filling out this application, please call a Fidelity Representative at 800-544-5373.

1. Account Owner

Enter full first and last name 🕨	First Name	Middle Name	Last Name		
as evidenced by a government-					
issued, unexpired document					
(e.g., driver's license, passport,	Taxpayer ID Number	Required		Date of Birth MM DD YYYY	r
permanent resident card).		SSN/ITIN	Entity ID/TIN		
Mobile phone number and email are required for account security, transactional alerts, and delivery	Mobile Phone	Secondary Phone			
of other communications.	Email	•			
or ourer communications.					
	By signing this account applic delivery of all account-related number to message, call, or to texts, reply HELP. To opt out of your profile on <i>Fidelity.com</i> . P	documents and communic ext you for this purpose. Mo of texts, reply STOP. You ma lease look for an email to c	ations. You consent essage and data ra ay also update you confirm your inform	t to Fidelity's use of y ites apply; frequency r contact information	rour email and/or mobile r may vary. For help with n at any time through
Residential Address	(where you live) This is y	our legal address used tor	tax reporting.		
	Street Address				
	City			State	ZIP Code
Mailing Address Th	is may be a PO box, drop box	k, or c/o location.			
	Same as residential addre	ess Default if no other in	nformation indicate	ed below.	
	Mailing Address				
	City			State	ZIP Code
			Acco	ount Owner continu	es on next page.

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Citizenship				
	U.S. citizen Do not complete	te the fields below. Skip to	Income Source.	
Indicate your citizenship status.	Foreign citizen Information Country of Citizenship	in this box must be comple	ted.	
Choose one.	Permanent U.S. resident Government Identification Nu	☐ Nonpermanent U.S. res	ident Nonreside	nt of U.S.
	ID Number		Country of Issuance	
Unexpired ID must include reference number and photo. Attach copy of ID.		Expiration Date MM DD YYYY nanent Resident Identifier	Other Governmer	nt-Issued ID Number
Income Source Indi	ustry regulations require us to ask	for this information.		
Check one and	☐ Employed ☐ Self-employ			
provide information.	Occupation		Employer Leave blank if self-	employed.
	Employer Address			
	City	State/Province	ZIP/Postal Code Co	untry
	Retired Not employed			
	Source of Income Pension, investmen	nts, spouse, etc.		
Associations			J	
As a person associated with a member firm, you are obligated to receive consent from that firm. Fidelity has existing consent agreements	If you are employed by or associa Industry Regulatory Authority (FIN an immediate family member resi criteria, provide the company's na statements for this account, and a associated person's employer for	IRA), a municipal securities of ding in the same household me and address below. Info any accounts you choose to	dealer, or other financial of someone who meets rmation (including dupli have on a consolidated	institution, or are the spouse or s the aforementioned employment cate copies of confirmations and
with many firms for their employees to maintain accounts with	Company Name			
Fidelity and to deliver transactional data. If your firm is not one	Company Address			
of them, Fidelity will attempt to contact your firm's compliance office.	City	State.	/Province ZIP/Postal Code	Country
Affiliations			'	,
	If you, your spouse, or any of your the same address), is a member of traded company (an "Affiliate"), yo copy of this section.	f the board of directors, a 10)% shareholder, or a poli	cy-making officer of a publicly
	Affiliate's Company Name			Trading Symbol or CUSIP
	Affiliate's Company Name			Trading Symbol or CUSIP
	·			

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Account Owner continues on next page.

2. Core Position

Any cash balances awaiting your further instruction will be swept into the Fidelity Government Money Market Fund (SPAXX) (referred to as your "Core Position"). There may be other options available for your Core Position. If so, you can change your Core Position to one of these other options after your account is opened.

3. Initial Funding This is a one-time contribution.

Check all funding options that apply. For annual contributions, do not exceed the applicable IRS maximum. For more about contribution limits, go to Fidelity.com/ira/contribution-limits. Prior year contributions must be made by the tax filing deadline (usually April 15 of the following year). To find additional forms mentioned below, go to Fidelity.com/forms. Note: Funds will be placed in your Core Position until you direct us on how to invest the funds. This can be accomplished by completing Section 4 or by contacting Fidelity after your account is open.

One-time Contribu	tion Options Check all that apply	
	3A.	
		rage Services LLC. We cannot accept third-party checks. Indicate the year for which ir check. If no year is indicated, we will credit for the current calendar year.
		tribution. You can contribute up to a maximum contribution of the lesser of llowable annual limit as stated by the Internal Revenue Service.
	OR	
	\square 60-day rollover of assets with	drawn from an existing SEP IRA. You must notify your employer.
	3B.	
Your name and SSN must be identical on both	Transfer all Fidelity mutual fund sha	ares in kind from your existing Fidelity Funds SEP IRA Account
accounts. Minimum initial transfer is \$500.		
	3C.	
	☐ Transfer SEP IRA assets from anoth	per custodian.
	Enclose a copy of a recent retiremquickly and accurately as possible.	ent plan statement for each transfer. This will help us transfer your rollover as
	Approximate Amount	Statement Enclosed
Transfer 1:	Amount	Yes
Transfer 2:	Amount	☐ Yes
Funding a Rollover	Distribution with Funds You Have	e Already Withdrawn and Payable to You
1. Funds already withd	rawn from the plan sponsor > Check mu	ust be written by you, as third-party checks cannot be accepted.
2. Check should be ma	nde payable to Fidelity Management Tr	ust Company
PO E	ity Management Trust Company Corpo Box 770001 nnati, OH 45277-0037	rate Rollover Department

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Form continues on next page.

4. Investing Initial Contributions

yo Fid	lect where you want to invest y ur account until you place a tra delity.com/fund-screener. Note ur account is opened.	de. To learn if th	ere is a fee associated	with the fund of your ch	noice, visit	
Check ONLY one. ▶ ☐	Initial contributions should be to choose the funds you wish Invest initial contributions in t Investments, should you wish	to invest in. You hese funds. Note	may also set up auton that you need to con	natic investments at that tact Fidelity to set up A	time. utomatic	
Check ONLY one.		eedom 2025 eedom 2050	Freedom 2030 Freedom 2055	☐ Freedom 2035 ☐ Freedom 2060	Freedom 2040 Freedom 2065	
	Invest in these funds.					
	Fidelity Fund Name				Symbol	
	Fidelity Fund Name				Symbol	
	Fidelity Fund Name				Symbol	
5. Ongoing Fu	ınding Options					
	Э с р и с и с					
Electronic Funds Tran	sfer ("EFT")					
	nically transfer funds between yn from outside Fidelity. Not read					
	the account at the other financi and all owner names preprinted		u will need to attach a v	voided check, deposit sl	ip, or bank statement	
	Checking					
	Savings					
Provide bank information below to set up the EFT feature.						
Ov	wner(s) Name(s) Exactly as on Bank Accou	nt				
		l=				
Ва	nk Routing/ABA Number	Bank Name				
CF	necking or Savings Account Number					
Automatic Contribution	ons					

Adding automatic contributions to your account allows you to automatically invest in eligible Fidelity and FundsNetwork® funds based on a schedule you determine. To sign up, please complete the enclosed Automatic Investments form. Be aware that you must also sign up for EFT in order to use this feature.

Form continues on next page.



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6. Beneficiaries

You may want to review this document with a tax, financial, or legal advisor. Do not name yourself as the beneficiary. You should identify who you want to succeed you on this account if assets remain in the account after your death. Designating beneficiaries is optional. However, leaving this section blank will indicate that no beneficiary is named by you for this account and that upon your death, payment will be made according to the rules of succession as outlined in the applicable Custodial Agreement. You can add or change beneficiaries any time at Fidelity.com/beneficiary.

Copy Beneficiarie	s from Another F	idelity IRA Accoun	t			
Available ONLY if you	want to copy the cur	rrent beneficiary designa	ation(s) from ar	existing Fidelity IRA that do	oes NOT have customize	d beneficiaries.
Primary Beneficia	and percenta as are current	e SAME beneficiaries ges on this account ly designated for:	Your Existing Fid	elity IRA Account Number	⊳ Skip to next section.	
	Spouse	Name If naming spouse as a	a heneficiary do s	n here		
For each beneficiary you list by name, check a beneficiary	☐ Non-Spouse		•		In a	
type and provide all information. If you outlive a	☐ Trust☐ Other Entity	Social Security or Taxpayer II	D Number	Date of Birth/Trust MM DD YYYY	Share Percentage %	Per stirpes
beneficiary and you						
want that beneficia- ry's share to go to each of his or her	☐ Non-Spouse	Name				
descendants by right of representation, check "per stirpes."	☐ Other Entity	Social Security or Taxpayer II	D Number	Date of Birth/Trust MM DD YYYY	Share Percentage %	Per stirpes
		Name				
	☐ Non-Spouse ☐ Trust			_		
	Other Entity	Social Security or Taxpayer II	D Number	Date of Birth/Trust MM DD YYYY	Share Percentage %	Per stirpes
		Name				
	☐ Non-Spouse					
	☐ Trust☐ Other Entity	Social Security or Taxpayer II	D Number	Date of Birth/Trust MM DD YYYY	Share Percentage %	Per stirpes
					•	
				Total must add up to	100%.	

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Beneficiaries continues on next page.

Contingent Benefi	iciaries				
Contingent beneficia- ries receive assets only no primary beneficiary survives you. Oo NOT list any primary beneficiaries here.	Spouse Non-Spouse Trust Other Entity	Name If naming spouse as a beneficiary, of Social Security or Taxpayer ID Number	lo so here. Date of Birth/Trust MM DD YYYY	Share Percentage	Per stirpes
	Non-Spouse Trust Other Entity	Name Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage	Per stirpes
	Non-Spouse Trust Other Entity	Name Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %	Per stirpes
	☐ Non-Spouse ☐ Trust ☐ Other Entity	Name Social Security or Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage	Per stirpes
7. Signature	e and Date	Account owner must sign	Total must add up to 1009	%.	
Please be sure to	read all the lang	uage included in the followi his signature page, to Fideli	ng pages, as well as sign, dat tv.	te, and return y	our
To help the governr birth, address, and a Fidelity may obtain of certain entities. F organizations. Your	ment fight money la a government-issue and verify compara further documentati account may be res	undering and the funding of terro ad ID number before opening you ble information for any person au ion is required for certain entities, stricted or closed if Fidelity cannot	rism, federal law requires Fidelity to r account, and to verify this information thorized to make transactions in an such as trusts, estates, corporation obtain and verify this information. es) that may result if your account is	ation. In certain cire account or benefi s, partnerships, an Fidelity will not be	cumstances, icial owners ad other e responsible
		governed by a predispute arbitr ne predispute arbitration clause.	ation clause, which appears on th	e last page of the	e Customer

By signing below, you acknowledge that you have read, understand, and agree to be bound by the provisions of this application, including the Terms and Conditions for this Account on the following pages.

PR	INT OWNER NAME
-	OWNER SIGNATURE
SIGN	X
-	TODAY'S DATE MM DD YYYY
DATE	X

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Form continues on next page.



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8. Terms and Conditions

By signing the previous section, you:

- Adopt the Fidelity SEP IRA and appoint FMTC (or its successor) as IRA Custodian and FBS and NFS to perform administrative services pursuant to the Fidelity IRA Custodial Agreement. You acknowledge that you have received, read, understand and agree to all of the terms and conditions of the Fidelity IRA Custodial Agreement and Disclosure Statement, the Fidelity Brokerage Retirement Customer Account Agreement, and this application.
- Acknowledge that your employer has an existing SEP Plan or has executed the IRS Form 5305-SEP prior to my opening this SEP IRA.
- Acknowledge that the applicable Custodial Agreement shall become effective, and your Application will be accepted upon the date FMTC's agent(s) have entered the account into its records on behalf of FMTC as the IRA Custodian notwithstanding what is stated in the Fidelity IRA Custodial Agreement and Disclosure Statement and the Fidelity Roth IRA Custodial Agreement and Disclosure Statement, as appropriate.
- Understand Fidelity may charge an annual maintenance fee and/or liquidation fee and this fee may be separately billed or collected by liquidating sufficient securities from your account. Fidelity may change the fee schedule from time to time, as provided in the Fidelity IRA Custodial Agreement.
- Agree to indemnify the Custodian (its agents, affiliates, successors, and employees) from any and all liability in the event that you fail to meet any IRS requirements concerning your SEP IRA.
- Acknowledge that payment to beneficiaries will be made according to the rules of succession described in the applicable Custodial Agreement.
- Agree that to the extent that inherited employer-sponsored plan assets are being directly rolled to an IRA or Inherited IRA, you understand that it is your responsibility to ensure that only eligible assets are rolled and all minimum required distributions are satisfied.
- Agree that upon transfer of assets due to any life event (divorce, death, etc.), and unless otherwise instructed, all residual income paid to the account and any fractional shares will be systematically allocated to the Transferee (New Asset Holder) receiving the largest share proportion of the account assets. If the account is transferred evenly, or at different intervals, the income and/or fractional shares will be systematically allocated to the last transferee paid.

- Affirm that you have received and read the Schedule of Fees, that you understand this schedule may change from time to time, and that you agree to be responsible for those fees and charges that apply to your account.
- Affirm that you are at least 18 years old and of full legal age to enter into the agreements associated with this application in your state of residence.
- Affirm that you have received and read the prospectus or other applicable disclosure for the Core Position, and the description of the Core Position in the Customer Agreement, including Fidelity's right to change the options available.
- Agree to the use of the Core Position specified above to hold assets pending investment, withdrawal, or other instructions.
- Understand that: (i) generally, Fidelity earns more compensation when you invest in products offered by an affiliate of Fidelity, and the compensation earned, as well as your yield, varies by product; (ii) notwithstanding any contrary provisions in any underlying account documentation, other options may be available for your Core Position after opening your account, and, if other options are available, you may select a different option by updating your Core Position on Fidelity.com or through a representative; and (iii) in certain circumstances, such as when Fidelity determines that you reside outside the United States, the Core Position will operate differently.
- Understand that if your Core Position is the money market fund, you could lose money by investing in it. Although the fund seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. An investment in the fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Fidelity Investments and its affiliates, the fund's sponsor, have no legal obligation to provide financial support to money market funds and you should not expect that the sponsor will provide financial support to the fund at any time.
- Consent to have only one copy of Fidelity mutual fund shareholder documents, such as prospectuses and shareholder reports ("Documents"), delivered to you and any other investors sharing your address. Your Documents will be householded indefinitely; however, you may revoke this consent at any time by contacting Fidelity at 800-343-3548 and you will begin receiving multiple copies within 30 days. As Documents for other investments become available in the future, these Documents may also be householded in accordance with this authorization or any notice or agreement you received or entered into with Fidelity or its service providers.

- Understand that, upon an issuer's request in accordance with applicable rules and regulations, Fidelity will supply your name to issuers of any securities held in your account so you might receive any important information regarding them, unless you notify Fidelity.
- Hereby constitute and appoint Fidelity your true and lawful attorney to surrender for redemption any and all shares held in your account with full power of substitution in the premises, and further acknowledge that Fidelity may cease to act as agent to the above appointment after providing notice to your account's address of record.
- Agree to be responsible for any and all fee authorizations, and that appointments in this document and that this will continue until Fidelity receives actual written notice of any change thereof.
- Acknowledge that you will receive a monthly account statement from Fidelity, unless there are no transactions in a particular month. In any case, you will receive a statement quarterly.

If requesting EFT:

- Authorize Fidelity, upon receiving instructions from you, to make payments of amounts representing redemptions by you or distributions payable to you by initiating credit or debit entries to the bank account identified by you on the attached "voided" check or deposit slip (Bank). You authorize and request the Bank to accept such entries from Fidelity, and to credit or debit, as indicated, your account at the Bank in accordance with these entries.
- Understand that there is no fee to use the EFT service, although your financial institution may charge transaction fees.
- Acknowledge that this authorization may be revoked only by providing written notice of revocation to Fidelity, in such time and manner as to afford Fidelity and the bank a reasonable opportunity to act upon it.
- Understand that Fidelity may purge unused EFT instructions from your account(s) on a periodic basis without notice to you.
- Understand that Fidelity may terminate the EFT instructions from your account(s) at any time in its sole discretion.

If you are not a U.S. person:

 State that you are submitting IRS Form W-8 BEN with this application to certify your foreign status and, if applicable, to claim tax treaty benefits.

Did you sign the application and attach a check or any necessary documents? Return your completed application and any attachments to Fidelity. You will receive a "New Account Profile" confirming that your account is opened.

Questions? Go to Fidelity.com/openaccount or call 800-544-5373.

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

Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 445205.25.0 (03/24)

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Trusted Contact Authorization Form

Use this form to designate a primary and alternate trusted contact, that is 18 years or older, for your Fidelity account(s). Do NOT use this form for charitable giving accounts or workplace retirement plans, such as a 401(k). Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

Helpful to Know

- To prepare yourself and your trusted contact(s) for success, consider choosing someone with whom you are comfortable discussing your health, relationships, loved ones, work, and finances. You may also want to consider selecting someone who isn't currently involved in your financial life, like a beneficiary or power of attorney, to ensure fairness and objectivity.
- This form supersedes any previous trusted contact designations that you may have submitted.
- If you are using this form for an Entity relationship (for ex: a business account), we will assign the Trusted Contact(s) to the Authorized Individual that signs this form.
- If Fidelity has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or neglect, this form authorizes us to get in touch with the trusted contact(s) and:
 - Provide the trusted contact(s) listed below with information about you and/or your account(s), including notice of a temporary hold, but does not provide him or her with the ability to transact on your account(s).
 - Inquire about your current contact information or health status.
 - Inquire about whether another person or entity has legal authority to act on your behalf (e.g., legal guardian or conservator, executor, or trustee).

or c/o.

1. Account						
	First Name	Middle Na	ame	Last Name		
	Social Security or Taxpayer ID	Number				
2. Accounts	Included					
Check only one.	ALL eligible account			l Security or Ta	xpayer ID Number ⊳ SI	kip to Section 3.
	Fidelity Account Number	r	Fidelity Account Number		Fidelity Account Number	
	Fidelity Account Number	r	Fidelity Account Number		Fidelity Account Number	
3. Primary T	rusted Conta	ct Name,	email, phone, ar	nd address a	are all required.	
The trusted contact	First Name	Middle Na	ame	Last Name		
MUST be someone her than the individual						
listed in Section 1. Do ot provide the account	Email			Relationship to O	wner (Spouse, Child, Parent, S	ibling, Friend, Other)
ner's information here.						
	Primary Phone		Mobile Number	Secondary Phone		Mobile Number
Legal/Permanent	Address					
This cannot be a PO box. mail drop.	Street Address					

Form continues on next page.

Country



State/Province

ZIP/Postal Code

4. Alternate Trusted Contact Name, email, phone, and address are all required.

The trusted contact MUST be someone other than the individuals listed in Sections 1 and 3. Do not provide the account owner's information here.

First Name Middle Name L		Last Name	
Email		Relationship to Owner (Spouse, Child, Parent, S.	ibling, Friend, Other)
Primary Phone		Secondary Phone	
	Mobile Number		Mobile Number

Legal/Permanent Address

This cannot be a PO box, mail drop, or c/o.

Street Address			
City	State/Province	ZIP/Postal Code	Country

5. Signature and Date Form cannot be processed without your signature and date.

By signing below, you:

- Authorize Fidelity to communicate with your trusted contact(s) and disclose information about designated accounts to address possible financial exploitation or confirm specifics about your current contact information, your health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted.
- Understand that this does not authorize your trusted contact(s) to separately access or transact on your account(s).
- Understand that you may identify multiple trusted contacts on this form, provided they are 18 years or older.
- Understand that this trusted contact designation is optional and you may withdraw it at any time by notifying Fidelity
- in writing to one of the business addresses listed below.
- Understand that you may change your trusted contact(s) at any time by completing a new form.
- Certify that all information provided in this form is true, accurate, and complete.
- Acknowledge that we may remove any trusted contact from any account, at any time or for any reason.

PRINT OWNER/AUTHORIZED INDIVIDUAL NAME	
OWNER/AUTHORIZED INDIVIDUAL SIGNATURE	DATE MM/DD/YYYY
X	X

Did you sign the form? Send the ENTIRE form to Fidelity.

Questions? Go to Fidelity.com/trustedcontact or call 800-343-3548.

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

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 802990.3.0 (06/20)

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