

3. Attorney-in-Fact Information

Name of Individual Designated as Attorney-in-Fact		Date of Birth MM DD YYYY	
Country of Citizenship		Taxpayer ID Number	
Country of Tax Residence		Type of Government-Issued ID	
State/Country of ID Issuance	ID Number	ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY

Legal Address

Provide your residential address. Cannot be a P.O. Box or Mail Drop.

Address			
City	State/Province	Zip/Postal Code	Country

Mailing Address

Complete only if different from Legal Address.

Address			
City	State/Province	Zip/Postal Code	Country

Employment Information

Check one and provide information.

Employed Retired Not Employed

Occupation	Income Source <i>if retired or not employed</i>		
Employer Name			
Address			
City	State/Province	Zip/Postal Code	Country

Affiliations and Corporate Control Status

Check all that apply and provide information.

You are, or an immediate family/household member is, a control person or affiliate of a publicly traded company under SEC Rule 144. *This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.*

Company Name	CUSIP or Symbol
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If you checked the box, obtain and attach the **compliance officer's letter of approval ("407 letter")** and indicate your company's name and address.

You are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer.
 Same as employer above. *If different, provide the information below.*

Failure to include an approval letter may delay the processing of your request. We must tell your employer you have applied for this account.

Entity Name			
Address			
City	State/Province	Zip/Postal Code	Country



4. Affidavit and Indemnification

As used in this form, "Fidelity," "us," and "we" refer to Fidelity Brokerage Services LLC ("FBS") and National Financial Services LLC ("NFS") and their officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives as the context may require; "you" refers to the Attorney-in-Fact indicated on this form; "account owner" or "account owners" refer to all owners, collectively and individually, indicated on this form.

By signing below, you:

- Affirm that you have read, understand, and agree to the current terms of this form, the attached Power of Attorney ("POA"), all applicable Fidelity Account Agreements and the account features the account owner has selected and agree to future amendments to these terms and any applicable state notices.
- Affirm that you are the Attorney-in-Fact named in the attached POA executed on:

Date	MM	DD	YYYY

by

Account Owner

and accept appointment as Attorney-in-Fact for the account owner according to the terms in this form.
- Affirm that the account owner is not deceased, and has not partially or completely revoked, terminated, or suspended this Power of Attorney.
- Represent that a petition to determine the incapacity of, or to appoint a guardian for, the account owner is not pending.
- Certify that, in the event you have been appointed by a trustee, such appointment is authorized by the trust documentation.
- Agree to cease acting as Attorney-in-Fact if your capacity to act as Attorney-in-Fact has been limited or terminated for any reason, including but not limited to any modification of the authority delegated in the POA by the account owner, any petition pending to determine the incapacity or to appoint a guardian for the account owner, or the death of the account owner.
- Represent that if more than one Attorney-in-Fact is appointed, you are authorized to act individually, and that we may act on 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 Attorney-in-Fact, we may restrict the accounts until we have satisfactory written instructions or a court order instructing us how to proceed.
- Agree that we may restrict your authority to remove assets from the accounts listed after receipt of the POA.
- Agree not to knowingly issue any instructions that are inconsistent with your appointment as Attorney-in-Fact.
- Agree, if an account listed on this form is a Premiere Select or Fidelity IRA, not to issue any instructions that are not in compliance with the terms of the Premiere Select or Fidelity IRA Custodial Agreement and Disclosure Statement governing the IRA.
- Represent and warrant that if you have not checked the boxes for Affiliations and Corporate Control Status, you are not affiliated with or employed by a stock exchange, the Financial Industry Regulatory Authority or a broker/dealer and you are not a control person or affiliate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policymaking officer), or an immediate family or household member of such a person.
- Indemnify and hold Fidelity harmless jointly and severally for accounts with more than one owner from and against any and all losses, claims, costs, actions, demands, suits, proceedings, damages and expenses, including attorneys' fees and expenses, and any other costs suffered or incurred by us arising out of or relating to transactions made in accordance with your instructions or failure to provide instructions as Attorney-In-Fact.
- Agree that this POA remains in full force and effect, until we have received satisfactory written notice of the account owner's death or your removal or resignation as Attorney-in-Fact.
- Affirm that the account owner executed the POA while competent to do so and was not acting under duress or undue influence.
- Understand that Fidelity does not participate in or review your trading decisions or manage, supervise or monitor trading in the accounts.
- Agree that any information given on this form is subject to verification. You authorize us to act on all instructions approved on this form, to obtain a credit or other financial responsibility report on you and upon written request, to provide the name and address of the credit reporting agency used.
- Understand that this affidavit and its enforcement shall be governed by the laws of the Commonwealth of Massachusetts, except with respect to its conflict of laws provisions and except as superseded by federal law.
- Acknowledge that any alteration of this document's original terms shall be null and void and you shall be bound by the terms of the original document as set forth by us. You understand and acknowledge that we may terminate any and all agreements with you in the event that you or any of your agents and affiliates have reasonable ground to believe that the foregoing is untrue, or that this document has been altered.
- Acknowledge that this form is signed under penalties of perjury.

Print Attorney-in-Fact Name <i>First, M.I., Last</i>	
Attorney-in-Fact Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Attorney-in-Fact's signature must be notarized on the next page.

5. Notarization

Statement of Notary Public *In this section, "You" and "you" refer to the Notary Public.*

You certify that the individual signing above appeared before you on the date indicated below, that they are known to you to be the individuals they claim to be, and that they represented to you that they made the certifications above their signature of their own free will.

State	County	Identification
Print Notary Name		Commission Expires MM - DD - YYYY
Notary Signature		Date MM - DD - YYYY

SIGN ▶

NOTARY SEAL / STAMP

Note: This signature card is only for nonretirement accounts. For retirement accounts, complete the Premiere Select IRA Checkwriting Application. Also, it may not be used if the Agent is also the Investment Advisor authorized on the account.

Signature Card for Checkwriting

Agent and Account Owner(s) must sign signature card, unless incapacitated. If an owner is incapacitated, proof of incapacitation must be included with this application.

By signing the signature card, the signatory (ies) agree(s) to be subject to the terms and conditions, guidelines and rules applicable to this Account as now in effect and as amended from time to time, of the fund(s) and of UMB Bank, N.A. ("the Bank"), as they pertain to the use of redemption checks; therefore, all registered owners must sign this signature card. All checks will require only one signature unless otherwise indicated on the face of this card. Each signatory guarantees the genuineness of the other's signature on this card.

The Bank is hereby appointed Agent by the Account Owners (or their authorized agent) signing this card and, as such Agent, is directed to request Fidelity to debit monies or redeem shares of such Fidelity fund(s) or cash in the core Account as designated by the Account Owners from time to time, and as recorded on Fidelity's records, upon receipt of, and to the amount of, checks drawn upon this Account(s). In so acting, the Bank shall be liable only for its own negligence. Account Owners will be subject to the Bank's rules, regulations and associated laws governing check collection, including the Uniform Commercial Code as enacted in the State of Missouri.

For Fidelity Use Only

Use a BLACK BALL-POINT PEN.

Print your name(s) clearly in CAPITAL LETTERS. Then sign and date on the line below.

Agent and Account Owner(s) must sign signature card unless incapacitated. If an owner is incapacitated, proof of incapacitation must be included with this application.

Signature and Date Required

Print Owner Name *First, M.I., Last*

Owner Signature

Date *MM - DD - YYYY*

SIGN ▶

▶

Print Joint Owner Name *First, M.I., Last*

Joint Owner Signature

Date *MM - DD - YYYY*

SIGN ▶

▶

Print Attorney-in-Fact Name *First, M.I., Last*

Attorney-in-Fact Signature

Date *MM - DD - YYYY*

SIGN ▶

▶

Check here if more than one signature will be required on checks. If this box is not checked, only one signature will be required on checks.