

SCHOLARSHARE® COLLEGE SAVINGS PLAN (529 PLAN) ACCOUNT APPLICATION

Please complete this application to establish a 529 Plan account with Fidelity Investments. One application must be submitted for each account you wish to establish. Then, return your completed application(s) to Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0036. For questions, simply call us at 1-800-544-5248.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money-laundering activities, federal law requires Fidelity to verify your identity by obtaining your name, date of birth, address, and a government-issued identification number before opening your account. In certain circumstances, Fidelity may obtain and verify this information with respect to any person(s) authorized to effect transactions in an account. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if Fidelity cannot verify this information. Fidelity will not be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

1 ACCOUNT SETUP

Individual (most common) Other (see section 6)

PARTICIPANT (ACCOUNT OWNER) INFORMATION

All fields in bold are required for opening an account.

Full legal name _____
First Name Middle Name Last Name

Date of birth (month/day/year) _____ **Email address** _____

Social Security number _____ **or Taxpayer ID number** _____

Permanent address _____
(no P.O. boxes) Street City State Zip

Mailing address _____
(if different from above) Street City State Zip

Phone numbers Day _____ Ext. _____ Evening _____

Countries of citizenship U.S. Other(s) _____ **Country of tax residence** U.S. Other _____

GOVERNMENT ID (FOREIGN CITIZENS ONLY) Identification document must have a reference number and photo. Please attach a photocopy.

Place of birth _____
City State/Province Country

Immigration status Permanent resident Non-permanent resident

Check which type of document you are providing:

U.S. driver's license INS permanent resident alien card Passport with U.S. visa Employment Authorization Document

Passport without U.S. visa*

Foreign national identity document*

*Bank name required

*Account number required

*Bank address required

*Phone number required

Document number and country of issuance _____
(Number from the document checked above)

U.S. driver's license number (if available) _____ State of issuance _____

Participant's relationship to Beneficiary (select one): Parent Grandparent Other

AFFILIATIONS If you are affiliated with or employed by a stock exchange or member firm of either an exchange or the NASD, or a municipal securities broker-dealer, please provide the company name below.

Company name _____



2 DESIGNATED BENEFICIARY (STUDENT INFORMATION)

We assume the permanent address is the same unless otherwise noted.

Full legal name _____
First Name Middle Name Last Name

Date of birth (month/day/year) _____ **Email address** _____

Social Security number _____ **or Taxpayer ID number** _____

Permanent address _____
(no P.O. boxes) Street City State Zip

Mailing address _____
(if different from above) Street City State Zip

Countries of citizenship U.S. Other(s) _____ **Country of tax residence** U.S. Other _____

GOVERNMENT ID (FOREIGN CITIZENS ONLY) Identification document must have a reference number and photo. Please attach a photocopy.

Place of birth _____
City State/Province Country

Immigration status Permanent resident Non-permanent resident

Check which type of document you are providing:

U.S. driver's license INS permanent resident alien card Passport with U.S. visa Employment Authorization Document

Passport without U.S. visa*

Foreign national identity document*

*Bank name required

*Account number required

*Bank address required

*Phone number required

Document number and country of issuance _____

(Number from the document checked above)

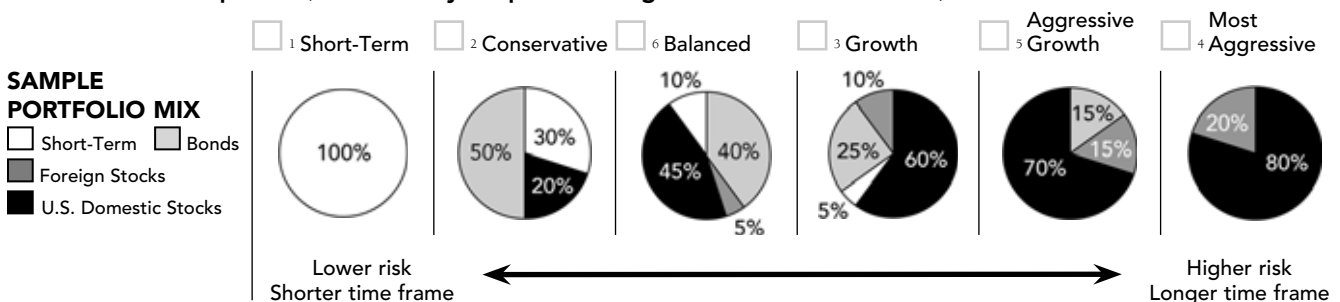
U.S. driver's license number (if available) _____ **State of issuance** _____

3 PARTICIPANT FINANCIAL PROFILE (REQUIRED)

YOUR INVESTMENT OBJECTIVE

You should choose your investments based on your objectives, time frame, and tolerance for market fluctuation. From short-term liquid investments that seek to preserve capital (accepting the lowest returns in exchange for stability) to longer-term investments that seek maximum growth (but can tolerate very wide fluctuations in market values), you can choose an approach that's best for you. Simply check the box below that most closely matches your investment objective.

Please check one profile (Determine your profile using the information below.)



Short-Term You seek to preserve your capital and can accept the lowest returns in exchange for price stability.

Conservative You seek to minimize fluctuations in market values by taking an income-oriented approach with some potential for capital appreciation.

Balanced You seek the potential for capital appreciation and some income and can withstand moderate fluctuations in market value.

Growth You have a preference for growth and can withstand significant fluctuations in market value.

Aggressive Growth You seek aggressive growth and can tolerate wide fluctuations in market values, especially over the short term.

Most Aggressive You seek very aggressive growth and can tolerate very wide fluctuations in market values, especially over the short term.

Generally, among asset classes, stocks may present more short-term risk and volatility than bonds or short-term instruments but may provide greater potential return over the long term. Although bonds generally present less short-term risk and volatility than stocks, bonds do entail interest rate risk (as interest rates rise, bond prices usually fall and vice versa) and the risk of default, or the risk that an issuer will be unable to make income or principal payments. Additionally bonds and short-term investments entail greater inflation risk, or the risk that the return of an investment will not keep up with increases in the prices of goods and services, than stocks. Finally, foreign investments, especially those in emerging markets, involve greater risk and may offer greater potential return than U.S. investments.

3 PARTICIPANT FINANCIAL PROFILE (CONTINUED)

Please check one box in each column.

ANNUAL INCOME (from all sources)	ESTIMATED NET WORTH (excluding residence)	ESTIMATED LIQUID NET WORTH	FEDERAL TAX BRACKET
<input type="checkbox"/> ₁ Under \$20,000	<input type="checkbox"/> ₁ Under \$30,000	<input type="checkbox"/> ₁ Under \$15,000	<input type="checkbox"/> ₁ ≤15%
<input type="checkbox"/> ₂ \$20,001–\$50,000	<input type="checkbox"/> ₁ \$30,001–\$50,000	<input type="checkbox"/> ₁ \$15,001–\$50,000	<input type="checkbox"/> ₂ 25%
<input type="checkbox"/> ₃ \$50,001–\$100,000	<input type="checkbox"/> ₂ \$50,001–\$100,000	<input type="checkbox"/> ₂ \$50,001–\$100,000	<input type="checkbox"/> ₃ ≥28%
<input type="checkbox"/> ₄ Over \$100,000	<input type="checkbox"/> ₃ \$100,001–\$500,000	<input type="checkbox"/> ₃ \$100,001–\$500,000	
	<input type="checkbox"/> ₄ Over \$500,000	<input type="checkbox"/> ₄ Over \$500,000	

Please note:

If you do not intend to use this 529 college savings account for the higher education expenses for a designated beneficiary, please call Fidelity at 1-800-544-1914.

4 INVESTMENT SELECTION

You can invest your 529 Plan contributions based on an Age-Based Strategy or a Custom Strategy. Age-Based Portfolios are managed to systematically shift in asset allocation from aggressive to conservative over time as the beneficiary approaches college age. Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section. For more information on your investment options, please visit **Fidelity.com**, or refer to the ScholarShare® College Savings Plan Fact Kit.

Choose one option only

Age-Based Strategy

100% of your contributions will be invested in an Age-Based Portfolio that invests in actively managed Fidelity mutual funds and is designed for the designated beneficiary’s age based on the date of birth listed in Section 2.

Age-Based Strategy (Index Series)

100% of your contributions will be invested in an Age-Based Portfolio that invests in Fidelity index funds and is designed for the designated beneficiary’s age based on the date of birth listed in Section 2.

Custom Strategy

Create your own investment mix from any of the 529 Plan Portfolios below.

100% Equity Portfolio	_____	%	Please use increments of 5%.
70% Equity Portfolio	_____	%	
Conservative Portfolio	_____	%	
100% Equity Portfolio (Index Series)	_____	%	
70% Equity Portfolio (Index Series)	_____	%	
Conservative Portfolio (Index Series)	_____	%	
Social Choice Portfolio (Index)	_____	%	
Spartan® 500 Index	_____	%	
Total Market Index	_____	%	
International Index	_____	%	
Intermediate Treasury Index	_____	%	
Cash Reserves (Money Market)	_____	%	
Total (must equal 100%)	_____	%	

5 FUNDING YOUR ACCOUNT**INITIAL FUNDING** (check any that apply)

The **minimum initial (lump-sum) investment is \$50**. If you are funding this account with a transfer from a Fidelity brokerage nonretirement account, please be sure funds are available in your core account. If you are funding this account with proceeds from a Fidelity mutual fund account, your mutual fund will be sold and subject to any applicable trading fees as specified in the fund's prospectus. The minimum investment amount for any subsequent nonperiodic contributions is \$25.

- A.** **Send a check.**
Enclosed is a check for \$_____, made payable to **Fidelity Brokerage Services LLC**.
- B.** **Transfer from a Fidelity nonretirement brokerage or mutual fund account** (For initial investment or periodic contributions).
 Transfer \$_____ from my Fidelity brokerage core account. Number _____
 Sell _____ (shares) or \$_____ and transfer the proceeds from the following Fidelity mutual fund _____
My account number is: _____
- C.** **Rollover** from another Section 529 Plan, a Coverdell Education Savings account, or a qualified U.S. Savings Bond. (If you check this box, you are required to read Section 8 of this application.)

PERIODIC CONTRIBUTIONS (check any that apply)

Establish Fidelity automatic contributions. This automatic investment plan lets you choose a monthly or quarterly date for automatic investment from your bank or Fidelity brokerage or mutual fund account into your 529 Plan account.

- From your bank account.** Please attach a voided check or preprinted nonpassbook savings deposit form from your bank.
- From your Fidelity brokerage or mutual fund account.** Please complete the information in Section 5B.

Please provide the information below:

Amount: \$_____ (If not provided, amount will be \$15.)

Frequency: Monthly (\$15 Minimum) Quarterly (\$45 Minimum)
(If not provided, frequency will be monthly. Quarterly investments will be made in March, June, September and December, unless you specify otherwise.)

Timing: Transfer funds on the _____ day of the month.
(If not provided, transfer will occur on the 20th of the month.)

- Establish Money Line.** This allows you to transfer money between your bank and your 529 Plan account. **Please attach a voided check or preprinted nonpassbook savings deposit form from your bank.**
- Establish Payroll Deduction and/or Direct Deposit.** Please complete the enclosed funding form to establish a periodic contribution plan from your paycheck.

John Doe Sixty-One Maple St. Anytown, MA 00000	VOID	Doll
PAY TO THE ORDER OF		
First National Bank One Main Street, Anytown, Ma 00000	Bank Routing No.	
810002010 508779195 701		

Attach check or deposit slip here.

6 ADDITIONAL REGISTRATION TYPES (OPTIONAL)

Complete this section only if you wish to establish a trust as the Participant of this 529 Plan account or invest UGMA/UTMA (Custodial) assets into this 529 Plan account. If you do not complete this section, your 529 Plan account will be established with an individual registration type.

If applicable, select one option and then follow the steps below:

- TRUST 529 PLAN ACCOUNT:** I wish to establish a trust as the Participant of this 529 Plan account.
1. Provide the Trust Name (in the "Name" field) and Tax ID number in Section 1.
 2. Provide the date on which the Trust was established: _____
 3. Submit a completed 529 Trustee Certification of Investment Powers Form (529 TCIP), signed by all trustees, to Fidelity with this new account application. The 529 TCIP Form is required to establish this account and can be found following this application or can be downloaded from **Fidelity.com**.

Note: You may not establish a Successor Participant on this type of account.

6 **ADDITIONAL REGISTRATION TYPES (OPTIONAL) (CONTINUED)**

UGMA/UTMA (CUSTODIAL) 529 PLAN ACCOUNT: I wish to invest UGMA/UTMA (Custodial) assets into this Custodial 529 Plan account.

1. Provide the Custodian's information in Section 1.
2. Provide the Minor's information in Section 2.
3. Provide the state under which the Uniform Gifts/Transfers to Minors is held: _____.

Note: Although the Custodian's name is listed in Section 1, the Minor will be the owner of this Custodial 529 Plan account and his/her Social Security number will be used for tax-reporting purposes. Also, you may not establish a Successor Participant on this type of account.

7 **ESTABLISH A SUCCESSOR PARTICIPANT (ACCOUNT OWNER) ON THIS ACCOUNT (OPTIONAL)**

To name a Successor Participant on this 529 Plan account, you will need to provide the following information. This person will become the account owner in the event of your death. You may update the Successor Participant on this account at any time. The Successor Participant must be an adult or emancipated minor and a U.S. resident. Also, you may not name a Successor Participant on a Trust or Custodial 529 Plan account.

Name	Social Security or	Taxpayer ID number
Relationship to Participant	Date of Birth (mm/dd/yyyy)	

8 **ROLLOVER (OPTIONAL)**

Read this section only if you are rolling over assets from another Section 529 Plan, a Coverdell Education Savings account, or a qualified U.S. Savings Bond.

Check here if you would like Fidelity to initiate your rollover from another 529 Plan to fund this account. A Rollover Form will be mailed to you after your 529 Plan account is established.

If you have already taken a distribution from another Section 529 Plan, a Coverdell Education Savings account, or a qualified U.S. Savings Bond, please enclose a check (made payable to Fidelity Brokerage Services LLC) and appropriate documentation showing the earnings portion of the rollover contribution. The chart below details the required appropriate documentation based on the type of rollover contribution. Until Fidelity receives appropriate documentation reflecting the earnings portion of the contribution, Fidelity must treat the entire amount of the contribution as earnings.

To perform this type of rollover...	...You must enclose the following appropriate documentation.
Rollover contribution from another 529 Plan	→ A statement issued by the distributing 529 Plan provider that shows the earnings portion of the distribution
Rollover contribution from a Coverdell Education Savings account	→ An account statement issued by the financial institution that acted as trustee or custodian of the education savings account that shows basis and earnings in the account
Rollover contribution from the redemption of qualified U.S. Savings Bonds	→ An account statement or Form 1099-INT issued by the financial institution that redeemed the bonds showing interest from the redemption of the bonds



9 SIGNATURE (ALL OWNERS MUST SIGN THE APPLICATION)

Participants must read the Customer Agreement and the Participation Agreement. Sign this section in ink. We cannot process your application without your signature.

Participation Agreement:

- By signing below, I agree to participate in The ScholarShare College Savings Plan (“ScholarShare Plan”). I acknowledge that I have read, understood, and agree to the terms and conditions set forth in the separate Participation Agreement.
- I understand that the Participation Agreement and its enforcement shall be governed by the laws of the state of California and is not subject to arbitration. It shall cover individually and collectively all accounts which I may open or reopen. It shall inure to the benefit of the assigns, and the Participation Agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.
- I understand that it is my responsibility to read the Fact Kit. I have read, understood, and agree to the terms and conditions set forth in the separate Fact Kit as is currently in effect and as may be amended from time to time.
- I hereby request Fidelity Brokerage Services LLC and National Financial Services LLC (collectively “Fidelity”) to open a ScholarShare Plan brokerage account in the name listed as Participant on this application. In UGMA/UTMA 529 Plan accounts, a ScholarShare Plan brokerage account is opened in the name of the custodian (listed as Participant on this application) for the benefit of the Minor.
- I acknowledge that I have read, understood, and agree to the terms set forth in the Customer Agreement. I am an adult or emancipated minor and of full legal age in the state in which I reside. I understand that you will supply my name to issuers of any securities held in my account so I might receive any important information regarding them, unless I notify you in writing not to do so. I hereby ratify any telephone instructions given pursuant to this authorization and agree that Fidelity will not be liable for any loss, liability, cost, or expense for acting upon such instructions. I understand that telephone calls to Fidelity may be recorded, and I consent to such tape recordings.
- I understand that the Customer Agreement and its enforcement shall be governed by the laws of the Commonwealth of Massachusetts. It shall cover individually and collectively all accounts I may open or reopen with Fidelity. It shall inure to the benefit of Fidelity’s successors and assigns, and this Agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.
- For FAAB Customers Only: I hereby authorize and request Fidelity to secure payment of the amount indicated above to be invested by me by initiating debit entries to the account indicated in the bank named above (“BANK”), and I authorize and request the BANK to accept any such debit entries initiated by Fidelity to such account and to credit, as requested, the same to my Fidelity account, without any further authorization relating hereto. I hereby ratify any instructions given pursuant to this authorization and agree that Fidelity will not be liable for any loss, liability, cost, or expense for acting upon such instructions.
- 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 numbers provided above are correct; and (2) I am not subject to Internal Revenue Service (IRS) backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; 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.)
- I agree to adopt and be bound by the terms and conditions of the Customer Agreement, as is currently in effect and as may be amended from time to time. I also certify that the information provided above is accurate and true.

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

• This account is governed by a predispute arbitration clause, which is located on the last page of the Customer Agreement. I acknowledge receipt of the predispute arbitration clause.

X

SIGNATURE OF ACCOUNT OWNER Date (month, day, year)

Fidelity Investments is a registered trademark owned by FMR Corp. Accounts are carried with our affiliate, National Financial Services LLC, a member of the New York Stock Exchange and other principal exchanges. Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0036.

Please tell us where you heard about the ScholarShare College Savings Plan administered by the ScholarShare Investment Board, an agency of California and managed by Fidelity Investments:

- Newspaper TV Magazine Radio Friend/Referral
 Direct Mail/Email Web Fidelity Branch Local Event

FOR FIDELITY USE ONLY Cash ATP Account # Assigned _____

Rep. Name _____ Reg. Rep. Signature _____ Corp. ID _____ Date _____

Approving Manager’s Signature _____ Date _____ Investor Center Number _____

Photo ID Type _____ Expiration Date _____

ID Number (Govt. issued only) _____ Issuance Date _____ Place of Issuance _____

Second Photo ID Type _____ Expiration Date _____

ID Number (Govt. issued only) _____ Issuance Date _____ Place of Issuance _____



Smart move.®

529 Plan Trustee Certification of Investment Powers

Use this form to add or change Trustee information on your 529 Plan account. Please complete all sections. This form must accompany a 529 Plan new account application when a Trust 529 Plan account is established. Trust customers must attach copies of those pages of the Trust which provide the full name of the Trust and all signatures. We will review and store only the portions of the Trust containing this requested information. The Trustees authorized on this form will supersede any earlier designations. If you have any questions, please call us at 1-800-544-6666 or visit us at Fidelity.com/college.

Return the completed form to: Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0002

1 PARTICIPANT TRUST INFORMATION AND CERTIFICATION OF INVESTMENT POWERS

Name of Trust (Title) Participant of 529 Plan Account	/ /	-	-
	Date of Trust	Tax Identification or Social Security Number	
Street Address	Daytime Phone		
City	State	Zip	529 Plan Account Number

Check here if this is a new address and provide new information.

2 TRUSTEES

2a. The undersigned certify that the Trust indicated in Section 1 has the following Trustees (attach an additional sheet of paper if necessary). *All fields in bold are required.*

1st Trustee

Full legal name _____ **Title** _____

Permanent address _____
(no P.O. boxes) Street City State Zip

Mailing address _____
(if different from above) Street City State Zip

Date of birth (month/day/year) _____

Social Security number _____ **or Tax Identification Number** _____

Phone numbers Evening _____ Daytime _____ Ext. _____

U.S. driver's license number (if available) _____ State of issuance _____

Countries of citizenship U.S. Other(s) _____ **Country of tax residence** U.S. Other _____

GOVERNMENT ID (FOREIGN CITIZENS ONLY) Identification document must have a reference number and photo. Please attach a photocopy.

Place of birth _____
City State/Province Country

Immigration status Permanent resident Non-permanent resident Non-resident

Check which type of document you are providing:

U.S. driver's license INS permanent resident alien card Passport with U.S. visa Employment Authorization Document (EAD)

Passport without U.S. visa* _____
*Bank name required *Account number required

Foreign national identity document* _____
*Bank address required *Phone number required

Document number and country of issuance _____
(Number from the document checked above)

Employer: _____ Occupation: _____

Please continue

1st Trustee (continued)**Affiliations:**

Are any of the Trustees affiliated with or employed by a stock exchange or member firm of an exchange** or by Fidelity?

Yes No

If Yes,** Trustee's name: _____

Company Name and Address: _____

Are any Trustees a director, 10% shareholder, or policy-making executive of a public company?

Yes No

If Yes, Trustee's name: _____

Company Trading Symbol: _____

**If yes, a letter of account approval from the Compliance Officer must be provided with this 529 Plan TCIP.

2nd Trustee

Full legal name _____ Title _____

Permanent address _____
(no P.O. boxes) Street City State Zip

Mailing address _____
(if different from above) Street City State Zip

Date of birth (month/day/year) _____

Social Security number _____ or Tax Identification Number _____

Phone numbers Evening _____ Daytime _____ Ext. _____

U.S. driver's license number (if available) _____ State of issuance _____

Countries of citizenship U.S. Other(s) _____ Country of tax residence U.S. Other _____

GOVERNMENT ID (FOREIGN CITIZENS ONLY) Identification document must have a reference number and photo. Please attach a photocopy.

Place of birth _____
City State/Province Country

Immigration status Permanent resident Non-permanent resident Non-resident

Check which type of document you are providing:

U.S. driver's license INS permanent resident alien card Passport with U.S. visa Employment Authorization Document (EAD)

Passport without U.S. visa*

*Bank name required

*Account number required

Foreign national identity document*

*Bank address required

*Phone number required

Document number and country of issuance _____
(Number from the document checked above)

Employer: _____ Occupation: _____

Affiliations:

Are any of the Trustees affiliated with or employed by a stock exchange or member firm of an exchange** or by Fidelity?

Yes No

If Yes,** Trustee's name: _____

Company Name and Address: _____

Are any Trustees a director, 10% shareholder, or policy-making executive of a public company?

Yes No

If Yes, Trustee's name: _____

Company Trading Symbol: _____

**If yes, a letter of account approval from the Compliance Officer must be provided with this 529 Plan TCIP.

3rd Trustee

Full legal name _____ Title _____

Permanent address _____
(no P.O. boxes) Street City State ZipMailing address _____
(if different from above) Street City State Zip

Date of birth (month/day/year) _____

Social Security number _____ or Tax Identification Number _____

Phone numbers Evening _____ Daytime _____ Ext. _____

U.S. driver's license number (if available) _____ State of issuance _____

Countries of citizenship U.S. Other(s) _____ Country of tax residence U.S. Other _____**GOVERNMENT ID (FOREIGN CITIZENS ONLY)** Identification document must have a reference number and photo. Please attach a photocopy.Place of birth _____
City State/Province CountryImmigration status Permanent resident Non-permanent resident Non-resident

Check which type of document you are providing:

 U.S. driver's license INS permanent resident alien card Passport with U.S. visa Employment Authorization Document (EAD) Passport without U.S. visa*

*Bank name required

*Account number required

 Foreign national identity document*

*Bank address required

*Phone number required

Document number and country of issuance _____
(Number from the document checked above)

Employer: _____ Occupation: _____

Affiliations:

Are any of the Trustees affiliated with or employed by a stock exchange or member firm of an exchange** or by Fidelity?

 Yes No

Are any Trustees a director, 10% shareholder, or policy-making executive of a public company?

 Yes No

If Yes,** Trustee's name: _____

If Yes, Trustee's name: _____

Company Name and Address: _____

Company Trading Symbol: _____

**If yes, a letter of account approval from the Compliance Officer must be provided with this 529 Plan TCIP.

4th Trustee

Full legal name _____ Title _____

Permanent address _____
(no P.O. boxes) Street City State ZipMailing address _____
(if different from above) Street City State Zip

Date of birth (month/day/year) _____

Social Security number _____ or Tax Identification Number _____

Phone numbers Evening _____ Daytime _____ Ext. _____

U.S. driver's license number (if available) _____ State of issuance _____

Countries of citizenship U.S. Other(s) _____ Country of tax residence U.S. Other _____

Please continue

4th Trustee (continued)

GOVERNMENT ID (FOREIGN CITIZENS ONLY) Identification document must have a reference number and photo. Please attach a photocopy.

Place of birth _____
City State/Province Country

Immigration status Permanent resident Non-permanent resident Non-resident

Check which type of document you are providing:

U.S. driver's license INS permanent resident alien card Passport with U.S. visa Employment Authorization Document (EAD)

Passport without U.S. visa*

*Bank name required

*Account number required

Foreign national identity document*

*Bank address required

*Phone number required

Document number and country of issuance _____

(Number from the document checked above)

Employer: _____ Occupation: _____

Affiliations:

Are any of the Trustees affiliated with or employed by a stock exchange or member firm of an exchange** or by Fidelity?

Yes No

Are any Trustees a director, 10% shareholder, or policy-making executive of a public company?

Yes No

If Yes,** Trustee's name: _____

If Yes, Trustee's name: _____

Company Name and Address: _____

Company Trading Symbol: _____

**If yes, a letter of account approval from the Compliance Officer must be provided with this 529 Plan TCIP.

2b. Fidelity Brokerage Services LLC and its affiliates (together "Fidelity" or "you") have the authority to accept orders and other instructions relative to the Trust accounts identified herein from those individuals or entities listed in Section 2(a). They may execute any documents on behalf of the Trust which you may require. By signing this form, the Trustee(s) hereby certifies(y) that you are authorized to follow the instructions of any Trustee and to deliver funds, securities, or any other assets in the 529 College Savings Plan account identified herein to any Trustee or on any Trustee's instructions, including delivering assets to a Trustee personally. Fidelity, in its sole discretion and for its sole protection, may require the written consent of any or all Trustees prior to acting upon the instructions of any Trustee.

c. There are no other Trustee(s) of the Trust other than those listed in Section 2(a).

d. Should only one person execute this agreement, it shall be a representation that the signer is the sole Trustee. Where applicable, plural references in this certification shall be deemed singular.

e. We, the Trustees, have the power under the Trust and applicable law to enter into all transactions and issue all instructions that we make in this account. Such power may include, without limitation, the authority to buy, sell, exchange, convert, redeem and withdraw assets and to trade applicable interests in investment portfolios for and at the risk of the Trust. We understand that all orders and transactions will be governed by the terms and conditions of the Participation Agreement and all other account agreements applicable to this account.

f. We, the Trustees, have the power to change the Beneficiary on the 529 College Savings Plan account.

g. We, the Trustees, jointly and severally, indemnify you and hold you harmless from any claim, loss, expense or other liability for effecting any transactions, and acting upon any instructions given by the Trustees. We, the Trustees, certify that any and all transactions effected and instructions given on this account will be in full compliance with the Trust.

h. We, the Trustees, agree to inform you in writing of any change in the composition of the Trustees, or any other event which could alter the certifications made above.

i. We, the Trustees, agree that any information we give to Fidelity on this account will be subject to verification, and we authorize you to obtain a credit report about me (any of us) individually at any time. Upon written request, Fidelity will provide the name and address of the credit reporting agency used.

j. I represent and warrant that: 1) I have personally printed the foregoing 529 Plan Trustee Certification of Investment Powers form, and 2) the terms of this form have not been changed and are identical to the terms as originally set forth by Fidelity. I acknowledge that any alteration of the form's original terms shall be null and void and I shall be bound by the terms of the original form as set forth by Fidelity. I understand and acknowledge that the above-referenced agreement may be terminated in the event that Fidelity Brokerage Services LLC or any of its agents or affiliates has reasonable grounds to believe the foregoing is untrue, or the form has been altered.

Please continue

CERTIFIED TO FIDELITY BY (all Trustees must sign and date):

TRUSTEE SIGNATURE

DATE

TRUSTEE SIGNATURE

DATE

X

X

TRUSTEE SIGNATURE

DATE

TRUSTEE SIGNATURE

DATE

X

X



Smart move.®

PO Box 770001

Cincinnati, OH 45277-0002

Fidelity Brokerage Services LLC, Member NYSE, SIPC

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529TCIP-SCF-0806
1.772565.104

