

Transfer/Rollover Form Instructions

1. YOUR INFORMATION

Please provide personal information requested.

2. EMPLOYER PLAN RECEIVING ASSETS

Please provide us with information about the plan receiving your assets. The chart below provides general guidelines about the portability of assets. If you do not know what type of plan you are sending your assets to, call a Retirement Services Specialist at 1-800-343-0860.

General Rules for Availability of Rollovers For Eligible Pre-Tax Contributions and Transfers									
	To Qualified Plans (401(a)/401(k))		To 403(b) Plans		To Gov't 457(b) Plans		To IRAs (excl. Roth IRAs)		
	Transfer	Rollover	Transfer	Rollover	Transfer	Rollover	Transfer	Rollover	
From Qualified Plans (401(a)/401(k))	YES	YES*	NO	YES	NO	YES	NO	YES*	
From 403(b) Plans	NO**	YES	YES	YES*	NO	YES	NO	YES*	
From Governmental 457(b) Plans	NO**	YES	NO	YES	YES	YES	NO	YES	
From Non-governmental 457(b) Plans	Transfer to another tax-exempt 457(b) plan only.								
From IRAs (excluding Roth IRAs)	NO	YES	NO	YES	NO	YES	YES	YES*	

* After-tax rollovers may also be allowed, subject to plan restrictions.

** Transfers are allowed from a governmental 403(b) plan and a governmental 457(b) plan, respectively, to a governmental defined benefit plan to purchase past service credit.

Tax-Exempt 457(b) plans do not have the option to roll over assets, but may allow Transfers to the same type of plan. Generally, **403(b)** and **qualified plans** allow **in-plan transfers** between vendors. Please call 1-800-343-0860 for additional information about portability provisions applicable to your plan. You may also want to check with your employer before initiating a transfer or rollover request.

3. YOUR PREVIOUS INVESTMENT PROVIDER

You may use this form for a direct rollover or for an indirect (60-day) rollover.

If you have already received a check from your prior investment provider and would like to make an indirect, please be sure to include:

A check or money order payable to the plan custodian or trustee

AND

A distribution statement from your prior investment provider

Please note: A rollover contribution must be received by Fidelity within 60 days of your receipt of such distribution. Your plan sponsor reserves the right to require sufficient evidence that your distribution is from an eligible retirement plan or IRA.

4. ACCOUNT INSTRUCTIONS

Select the investment options in which you would like your assets to be invested. These investment elections will not apply to any future contributions to the plan. If you wish to change how your future contributions will be allocated, please call a Retirement Services Specialist at 1-800-343-0860.

5. AUTHORIZATION, APPROVAL, AND ACCEPTANCE

Please read this section carefully and then sign and date the form.

6. PLAN AUTHORIZATION

Please check with your employer to determine if you need to have this transfer/rollover approved by your employer, a trustee or a custodian. If no authorization is required, please skip this section.



Transfer/Rollover Form

Instructions: Use this form to move assets from another investment provider to a Fidelity retirement account. You may also use the form to consolidate multiple employer sponsored retirement accounts currently at Fidelity. If you do not currently have a retirement account with Fidelity, you must also complete an Account Application/Enrollment Form.

Please note: This transfer of assets does not affect any future contributions. Unless otherwise instructed by your employer, please return this transfer/rollover form in the postage-paid envelope provided *or*

Return to: Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

Questions? Call Fidelity Investments at 1-800-343-0860 Monday through Friday from 8 A.M. to midnight ET, or visit us at fidelity.com/atwork.

1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

Social Security #: -- Date of Birth: --

First Name & M.I.: Last Name:

Street Address: Apt. No:

City: State: Zip:

Daytime Phone: -- Evening Phone: --

Email Address:

2. EMPLOYER PLAN RECEIVING ASSETS

Plan Name:

Address:

City: State: Zip:

Type of Plan: 403(b)(7) **OR** 401(k) or 401(a) **OR** 457(b) governmental **OR** 457(b) non-governmental

3. YOUR PREVIOUS INVESTMENT PROVIDER

Please provide the name and address of the investment provider from which you wish to transfer or roll over. **If you are transferring or rolling over assets from more than one investment provider, please use a separate form for each provider.** Please contact the investment provider to obtain the correct address to be used for the transfer or rollover of assets and, if necessary, obtain their form.

Name of Investment Provider:

Address:

City: State: Zip:

Vendor Phone: --



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3. YOUR PREVIOUS INVESTMENT PROVIDER (CONTINUED)

Please indicate below the contract(s) or account(s) you are authorizing for liquidation, using a separate section for each contract or account number.

A. Account or contract number:

Percentage % **OR** Dollar Amount \$,

Type of Account to be transferred or rolled over:

403(b) **OR** 401(a)/401(k) **OR** 457(b) governmental **OR** 457(b) non-governmental **OR** IRA

If you know the type of assets you are moving, check here: Employee After tax Employer

These assets are coming from (Please check only one):

- Same Employer Plan as listed in Section 2
 Previous Employer Plan; Please list name:
 Traditional/SEP IRA
 Rollover IRA (which contains rollover assets only; no after-tax contributions)
 An eligible rollover distribution from a retirement plan that was paid directly to me. (See instructions)

B. Account or contract number:

Percentage % **OR** Dollar Amount \$,

Type of Account to be transferred or rolled over:

403(b) **OR** 401(a)/401(k) **OR** 457(b) governmental **OR** 457(b) non-governmental **OR** IRA

If you know the type of assets you are moving, check here: Employee After tax Employer

These assets are coming from (Please check only one):

- Same Employer Plan as listed in Section 2
 Previous Employer Plan; Please list name:
 Traditional/SEP IRA
 Rollover IRA (which contains rollover assets only; no after-tax contributions)
 An eligible rollover distribution from a retirement plan that was paid directly to me. (See instructions)

C. Account or contract number:

Percentage % **OR** Dollar Amount \$,

Type of Account to be transferred or rolled over:

403(b) **OR** 401(a)/401(k) **OR** 457(b) governmental **OR** 457(b) non-governmental **OR** IRA

If you know the type of assets you are moving, check here: Employee After tax Employer

These assets are coming from (Please check only one):

- Same Employer Plan as listed in Section 2
 Previous Employer Plan; Please list name:
 Traditional/SEP IRA
 Rollover IRA (which contains rollover assets only; no after-tax contributions)
 An eligible rollover distribution from a retirement plan that was paid directly to me. (See instructions)



4. ACCOUNT INSTRUCTIONS

Please indicate into which investment options you would like your assets to be invested. If no investment options are selected, or the investment options selected are not available in your plan, the assets will be allocated to a default investment option selected by your employer or, if applicable, as specified in the Fidelity Investments Section 403(b)(7) Individual Custodial Account Agreement, until we receive further instruction from you.

Please invest my assets in the following investment options (*refer to the prospectus for the full name of the investment option*):

Investment Option:	Fund Code:	Percentage:
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %

Total = 100%

Please use whole percentages.

5. AUTHORIZATION, APPROVAL, AND ACCEPTANCE

Individual Authorization

By executing this Form

- I hereby agree to the terms and conditions stated in this Form and certify that I am requesting a rollover or transfer of my retirement plan assets in accordance with applicable IRS and plan rules.
- I certify under the penalties of perjury that my Social Security number on this form is correct.
- I acknowledge that I have read the prospectus(es) for any mutual fund in which I invest and agree to the terms.
- I hereby direct the investment provider identified on this form to **liquidate** the designated amount of the account(s) listed on this form, and to release the proceeds to my account under my employer's plan, except to the extent my current employer or any of my former employers prohibit such release. In the event of such prohibition, I hereby direct said investment provider to retain the nontransferable portion of my account(s) in a separate account or contract and to release the remainder.
- I hereby agree that if my assets will be sent to Fidelity in installments, the first installment will be invested according to my instructions on this form. All subsequent installment payments as well as any residual balances not received within 30 days will be invested according to my current investment elections at the time my assets are received by Fidelity.
- I understand that I may designate a beneficiary for my assets accumulated under the plan and that if I choose not to designate a beneficiary, distributions will be made according to the plan document or, if applicable, the Fidelity Investments Section 403(b)(7) Individual Custodial Account Agreement.

For 403(b)-to-403(b) transfers

- I understand that any balances I am transferring from a 403(b)(1) annuity into a 403(b)(7) custodial account will be subject to more restrictive withdrawal provisions.
- I direct Fidelity to treat all monies as employer pretax contributions made subsequent to 12/31/88 unless my prior investment provider provides Fidelity with account balances as of 12/31/88 and post-1988 salary reduction contributions.
- I direct Fidelity to treat the entire balances as subject to minimum distribution requirements unless my prior investment provider provides Fidelity with account balances as of 12/31/86.
- I direct Fidelity to allocate the entire balance to the most restrictive source in the current employer's plan unless my prior investment provider provides Fidelity with the sources of the transferred amount under the previous plan.

Your Signature: Date:

Don't forget to sign



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6. PLAN AUTHORIZATION

Please check with your employer to determine if you need to have this transfer/rollover approved by your employer, a trustee or a custodian. If no authorization is required, please skip this section.

I hereby certify that the employee-directed investment transfer(s)/rollover(s) identified above is(are) in accordance with the plan's provisions.

Employer **OR** Trustee

Authorized Signature:

Date: --

TRANSFER/ROLLOVER CHECKLIST

Here's a checklist to ensure that your request is in good order.

Please remember to:

- Complete all sections
- Indicate the amount or percent of your transfer or rollover
- Provide the Previous Investment Provider's Address
- Provide the Previous Investment Provider's Form (if required)
- Sign the form
- Obtain the Employer Signature (if required)
- Return this form in the enclosed postage-paid envelope **OR** mail to **Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090**

Questions ?

For questions about:

Enrolling
Transferring workplace retirement savings assets
Existing Fidelity accounts

1-888-8ENROLL (1-888-836-7655)
1-800-427-6139
1-800-343-0860

Text Telephone Service Line (TTY) 1-800-259-9743 – For callers with speech and hearing impairments, this service offers direct access to a Fidelity Retirement Services Specialist and is available Monday through Friday from 8:00 A.M. to midnight ET.

TRANSFERRING INVESTMENT PROVIDER

INFORMATION REQUESTED OF TRANSFERRING INVESTMENT PROVIDER

Please provide the following information on the check:

- FBO
- Social Security Number

Please make the check payable to **Fidelity Management Trust Company** and return it to:

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

In addition please provide the following either on the check or by separate letter:

1. For hardship distribution restriction:

- Account balance as of 12/31/88
- Post-1988 salary reduction contributions
- Post-1988 non-salary reduction contributions (e.g., employer monies)

2. For minimum distribution requirements 403(b) plan transfers:

- Account balance as of 12/31/86

3. Please provide the dollar amount or percentage of the breakdown of each money type being transferred.

- Portion of transfer — employee pre-tax
- Portion of transfer — employee after-tax
- Portion of transfer — employer matching

For Internal Use Only

Fidelity Investments hereby agrees to accept the transfer/rollover described above for deposit in the 403(b)/401(a)/401(k)/457(b) Account established on behalf of the individual.

Authorized Signature:

Date: --

