

# Partnership Account Agreement

Please complete all sections. **Section 2** identifies those individuals authorized by your Partnership agreement to transact business on an existing Fidelity Account.® **Section 3** must be signed by all General Partners or all Partners authorized to establish the Account.

Please provide copies of those pages of the Partnership agreement that provide the official name of the Partnership and all signatures. The undersigned certify that the attached pages of the Partnership agreement are true and valid copies of the legal document currently in effect.

If you have any questions, please call Fidelity at 800-343-3548. Send all appropriate forms in the enclosed envelope or mail to: Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0002.

## 1 CUSTOMER INFORMATION

**Partnership name** Enter full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution).

Fidelity Account Number (if on file)

**Business address** (City, State, ZIP) Permanent street address is required—no P.O. boxes.

**GOVERNMENT ID (FOREIGN BUSINESS ONLY)** Please attach a photocopy

Type of document

Mailing address (if different from above) (City, State, ZIP)

Document number and country of issuance (number from the document)

Tax Identification Number

Daytime Phone

## 2 PARTNER INFORMATION

Please list ALL General Partners authorized by agreement to transact business on behalf of the Partnership. If there are no General Partners, all Partners should be listed.

To list up to seven Partners on this account, provide the information below for each new and/or remaining Partner. Each Partner named is fully authorized to open a brokerage account in the name of the business entity identified in Section 1, to place orders on the account, and to execute any instrument incidental to such account (such as applying for margin or options), to act in a sole capacity in these regards, and to act on behalf of the business entity as may be more fully described in the Fidelity Account Customer Agreement (“Customer Agreement”). If you need to provide information for more than two Partners, make a copy of this section for each additional Partner.

All fields in bold are required.

**Full name\*** \_\_\_\_\_  
First Name Middle Name Last Name

\*Enter full first and last name as evidenced by a government-issued, unexpired document (e.g., driver’s license, passport, permanent resident card).

**Entity name†** \_\_\_\_\_

†If the Partner is another entity, enter the full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution). Additional Fidelity forms are required, and all required forms and supporting documentation must be provided at the time this form is submitted, or we will be unable to process this request.

**Email address** \_\_\_\_\_ **Date of birth (mm/dd/yyyy)** \_\_\_\_\_

**Social Security number** \_\_\_\_\_ or **Taxpayer ID number (required if the Partner is an entity)** \_\_\_\_\_



## 2 PARTNER INFORMATION (CONTINUED)

If you provided an email address and unless you indicate otherwise below, all materials will be sent to you electronically. To confirm electronic delivery, respond to the Electronic Delivery Agreement and Consent, which we will email to you. To choose delivery by U.S. mail, check one or more boxes below.

Check only those items you do NOT want to receive electronically:

Account statements  Trade Confirmations and related prospectuses  Other documents (including shareholder reports and regular prospectus mailings)

**Permanent address** \_\_\_\_\_  
(no P.O. boxes) Street City State ZIP

**Mailing address** \_\_\_\_\_  
(if different from above) Street City State ZIP

Phone number Day \_\_\_\_\_ Ext. \_\_\_\_\_

**Country of citizenship**  U.S.  Other \_\_\_\_\_ **Country of tax residence**  U.S.  Other \_\_\_\_\_

**UNEXPIRED 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  Nonpermanent resident  Non-resident

Check which type of document you are providing:  Passport  Employment Authorization Document  
 DHS Permanent Resident Card  Foreign National Identity Document

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

Employment status  Employed  Not employed  Retired Occupation \_\_\_\_\_  
(if retired or not employed, indicate source of income)  
 Self-Employed If you are self-employed and your business address is the same as your legal home address, please initial here that you work out of your home \_\_\_\_\_

Employer's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Associations

Check this box if you are employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), a municipal securities dealer, or other financial institution, or are the spouse or an immediate family member residing in the same household of someone who meets the aforementioned employment criteria, provide the company's name and address below. By providing this information and completing this form, you hereby authorize Fidelity to provide the associated person's employer with duplicate copies of confirmations and statements, or the transactions data contained therein, for your account(s) and any accounts you choose to have on a consolidated statement for purposes of their compliance review.

As a person associated with a member firm, you are obligated to receive consent from that firm. Fidelity has existing consent agreements with many firms for their employees to maintain accounts with Fidelity and to deliver transactional data. If your firm is not one of them, Fidelity will attempt to contact your firm's compliance office.

Associated entity name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check this box if you are a control person associated with either (a) another member, (b) a member organization, or (c) an immediate family/household member of a control person, or are associated with 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).  
Trading symbol \_\_\_\_\_ Company \_\_\_\_\_

## 2 PARTNER INFORMATION (CONTINUED)

### ADDITIONAL PARTNER INFORMATION

Full name\* \_\_\_\_\_  
First Name Middle Name Last Name

\*Enter full first and last name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

Entity name† \_\_\_\_\_  
†If the Partner is another entity, enter the full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution). Additional Fidelity forms are required, and all required forms and supporting documentation must be provided at the time this form is submitted, or we will be unable to process this request.

Email address \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

Social Security number \_\_\_\_\_ or Taxpayer ID number (required if the Partner is an entity) \_\_\_\_\_

If you provided an email address and unless you indicate otherwise below, all materials will be sent to you electronically. To confirm electronic delivery, respond to the Electronic Delivery Agreement and Consent, which we will email to you. To choose delivery by U.S. mail, check one or more boxes below.

Check only those items you do NOT want to receive electronically:

Account statements  Trade Confirmations and related prospectuses  Other documents (including shareholder reports and regular prospectus mailings)

Permanent address \_\_\_\_\_  
(no P.O. boxes) Street City State ZIP

Mailing address \_\_\_\_\_  
(if different from above) Street City State ZIP

Phone number Day \_\_\_\_\_ Ext. \_\_\_\_\_

Country of citizenship  U.S.  Other \_\_\_\_\_ Country of tax residence  U.S.  Other \_\_\_\_\_

**UNEXPIRED 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:  Passport  Employment Authorization Document  
 DHS Permanent Resident Card  Foreign National Identity Document

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



## 2 PARTNER INFORMATION (CONTINUED)

Employment status  Employed  Not employed  Retired Occupation \_\_\_\_\_  
(if retired or not employed, indicate source of income)

Self-Employed If you are self-employed and your business address is the same as your legal home address, please initial here that you work out of your home \_\_\_\_\_

Employer's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Associations

- Check this box if you are employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), a municipal securities dealer, or other financial institution, or are the spouse or an immediate family member residing in the same household of someone who meets the aforementioned employment criteria, provide the company's name and address below. By providing this information and completing this form, you hereby authorize Fidelity to provide the associated person's employer with duplicate copies of confirmations and statements, or the transactions data contained therein, for your account(s) and any accounts you choose to have on a consolidated statement for purposes of their compliance review.

As a person associated with a member firm, you are obligated to receive consent from that firm. Fidelity has existing consent agreements with many firms for their employees to maintain accounts with Fidelity and to deliver transactional data. If your firm is not one of them, Fidelity will attempt to contact your firm's compliance office.

Associated entity name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- Check this box if you are a control person associated with either (a) another member, (b) a member organization, or (c) an immediate family/household member of a control person, or are associated with 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).

Trading symbol \_\_\_\_\_ Company \_\_\_\_\_

### 3 SIGNATURE(S)

Please provide copies of those pages of the Partnership agreement that provide the official name of the Partnership and all signatures. The undersigned jointly and severally agree that each of the persons named in Section 2 shall have authority on behalf of the Partnership account ("Account") to buy, sell, trade, and otherwise deal in, through Fidelity Brokerage Services LLC ("FBS") as brokers, stocks, bonds, options, and any other securities, listed or unlisted on margin or otherwise (including short sales). The persons named in Section 2 shall also have the authority on behalf of the Account to receive on behalf of the Account demands, notices, confirmations, reports, statements of account, and communications of every kind; to receive and dispose of on behalf of the Account, money, securities, and property of every kind; to make, terminate, or modify on behalf of the Account agreements relating to any of the foregoing matters or waive any of the provisions thereof; and generally to deal with FBS on behalf of the Account as if the Partner maintained sole interest in the Account, without notice to the other(s) interested in the Account.

The undersigned further authorize FBS, in the event of death or retirement of any of the members of said Partnership, to take such proceedings, require such papers, retain such portion of, or restrict transactions in said Account as FBS may deem advisable to protect FBS against any liability, penalty, or loss under any present or future law or otherwise. It is further agreed that in the event of the death or retirement of any member of the said Partnership, the remaining members will immediately cause FBS to be notified of such fact.

Each of the undersigned has signed a Fidelity Customer Margin Agreement (if the Partnership wishes to use margin account privileges) and completed the respective Account Application, which are intended to cover, in addition to the provisions hereof, the terms upon which the Account is to be carried.

This authorization is in addition to, and in no way limits or restricts, any rights that FBS may have under any other agreement or agreements between FBS and the undersigned, or any of them, now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors, and assigns. This authorization is also a continuing one and shall remain in full force and effect until revoked by a written notice, addressed and delivered to FBS and signed by any \_\_\_\_\_ (indicate the number of Partners required) Partners.

All General Partners, or all Partners authorized to establish the Account, must sign below.

Any information I (we) give to FBS on this account agreement is true, accurate, complete, and will be subject to verification, and I (we) authorize FBS to obtain a credit report or other financial responsibility report about me (us) at any time. Upon written request, FBS will provide the name and address of the credit reporting agency used.

*To help the government fight financial crimes, federal regulation requires Fidelity to obtain and verify your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account. Also, federal regulation requires Fidelity to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.*

PARTNER \_\_\_\_\_ Date \_\_\_\_\_  
**X**

PARTNER \_\_\_\_\_ Date \_\_\_\_\_  
**X**

PARTNER \_\_\_\_\_ Date \_\_\_\_\_  
**X**

