

Investment Club Cash Account

Use this form, along with a New Fidelity Account Business application, to open an Investment Club Cash Account and to identify those individuals authorized by your Investment Club (i.e., your Partnership Agreement) to transact business on the account. 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

- You must provide copies of those pages of the Partnership Agreement that provide the official name of the Partnership and all signatures.
- If the authorized individuals on the account are changing and the account has checkwriting or options trading privileges, a new Checkwriting form and/or Options Application must be completed and returned with this form. Go to Fidelity.com/forms to download the appropriate form(s).
- Using this application, the investment club can authorize up to seven people to act on the account and exercise

the rights and powers described below. If the investment club wants to grant access to more than seven people, please complete an Account Authority form for each person beyond the seventh. The powers granted under the Account Authority form are different from those granted to a person named as an authorized individual on this form. To better understand those differences, please review the description of delegated powers in the Account Authority form.

- Important: Section 4 must be signed by ALL Investment Club partners listed on the supporting documentation.

1. Investment Club Information

Provide your existing Investment Club account number or submit this form with a new account application.

Fidelity Account Number <i>If applicable.</i>	Taxpayer ID Number
Investment Club Partnership Name <i>Enter full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution).</i>	
Business Phone	Extension

Investment Club Permanent Address *This is the legal address used for tax reporting.*

Street Address		
City	State	ZIP Code

Investment Club Mailing Address *This may be a P.O. Box, drop box, or c/o location.*

☐ Same as permanent address *Default if no other information indicated below.*

Mailing Address		
City	State	ZIP Code

Form continues on next page. ►►

2. Authorized Individual Information Provide personal information only in Section 2.

Provide the following information for the authorized individual on the account. In this Section 2, "you" refers to the authorized individual whose personal information is provided. If you need to provide information for more than one authorized individual, you can do so in Section 3.

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

First Name	Middle Name	Last Name
<div></div>		
Date of Birth MM DD YYYY	Email	
<div></div>	<div></div>	
Social Security or Taxpayer ID Number	Daytime Phone	Extension
<div></div>	<div></div>	<div></div>

If you provide 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 Fidelity 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
- ☐ Tax forms and related disclosures
- ☐ Other documents (including shareholder reports and regular prospectus mailings)

Residential Address (where you live) This is your legal address used for tax reporting.

Street Address		
<div></div>		
City	State	ZIP Code
<div></div>	<div></div>	<div></div>

Mailing Address This may be a P.O. Box, drop box, or c/o location.

- ☐ Same as residential address ▷ Default if no other information indicated below.

Mailing Address		
<div></div>		
City	State	ZIP Code
<div></div>	<div></div>	<div></div>

Citizenship

Indicate your citizenship status. ▶

- ☐ U.S. citizen

- ☐ Foreign citizen Information in this box must be completed.

- ☐ Permanent U.S. resident ☐ Nonpermanent U.S. resident ☐ Nonresident of U.S.

Country of Citizenship	Country of Tax Residency <small>Only applicable to nonresidents of the U.S.</small>
<div></div>	<div></div>
City, State/Province, and Country of Birth	
<div></div>	

Check one and attach a copy of a valid and unexpired government ID showing number and photo. ▶

- ☐ Passport ☐ Employment Authorization Document
- ☐ DHS Permanent Resident Card ☐ Foreign National Identity Document

Authorized Individual Information continues on next page. ▶▶

Income Source *Industry regulations require us to ask for this information.*

Check one and provide information.

☐ Employed ☐ Self-employed

Occupation		Employer <i>Leave blank if self-employed.</i>	
Employer Address			
City	State/Province	ZIP/Postal Code	Country

☐ Retired ☐ Not Employed

Source of Income <i>Pension, investments, spouse, etc.</i>
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Associations

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.

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.

Company Name			
Company Address			
City	State/Province	ZIP/Postal Code	Country

If you are, or an immediate family/household member is, a director, corporate officer, or 10% shareholder of a publicly held company, or a control person of a publicly traded company under SEC Rule 144, you must provide the information below.

Company Name	Trading Symbol or CUSIP
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3. Additional Authorized Individual Information *Provide personal information only in Section 3.*

Provide the following information for each additional authorized individual to be added to this account. In this Section 3, "you" refers to each authorized individual whose personal information is provided. To add up to seven individuals, make a copy of this section. For each individual beyond the seventh, complete an Account Authority form.

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

First Name	Middle Name	Last Name
Date of Birth <i>MM DD YYYY</i>	Email	
Social Security or Taxpayer ID Number	Daytime Phone	Extension

If you provide 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 Fidelity 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
- ☐ Tax forms and related disclosures
- ☐ Other documents (including shareholder reports and regular prospectus mailings)


Additional Authorized Individual Information continues on next page. ►►

Residential Address (where you live) This is your legal address used for tax reporting.


Street Address		
City	State	ZIP Code

Mailing Address This may be a P.O. Box, drop box, or c/o location.☐ Same as residential address  Default if no other information indicated below.

Mailing Address		
City	State	ZIP Code

CitizenshipIndicate your
citizenship status. ☐ U.S. citizen☐ Foreign citizen Information in this box must be completed.☐ Permanent U.S. resident ☐ Nonpermanent U.S. resident ☐ Nonresident of U.S.

Country of Citizenship	Country of Tax Residency Only applicable to nonresidents of the U.S.
City, State/Province, and Country of Birth	

Check one and **attach**
a copy of a valid and
unexpired government ID
showing number and photo. ☐ Passport☐ Employment Authorization Document☐ DHS Permanent Resident Card☐ Foreign National Identity Document**Income Source** Industry regulations require us to ask for this information.Check one and
provide information.☐ Employed ☐ Self-employed

Occupation		Employer Leave blank if self-employed.	
Employer Address			
City	State/Province	ZIP/Postal Code	Country

☐ Retired ☐ Not Employed

Source of Income Pension, investments, spouse, etc.

Additional Authorized Individual Information continues on next page.  

Associations

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.

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.

Company Name			
Company Address			
City	State/Province	ZIP/Postal Code	Country

If you are, or an immediate family/household member is, a director, corporate officer, or 10% shareholder of a publicly held company, or a control person of a publicly traded company under SEC Rule 144, you must provide the information below.

Company Name	Trading Symbol or CUSIP
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4. Signatures and Dates **ALL partners must sign and date.**

By signing below, you:

- Represent and warrant to Fidelity Brokerage Services LLC, National Financial Services LLC, and their affiliates, employees, agents, representatives, successors, and assigns (collectively, "Fidelity") that you are all the partners in a general partnership known as the Investment Club Partnership identified in Section 1 ("Partnership").
- Certify that all information provided in this form is true, accurate, and complete.
- Represent and warrant that if you have not completed the section titled Associations, you are not associated with or employed by a stock exchange or a broker-dealer, and that you are not a control person or associate 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.
- Affirm that each authorized individual named herein is hereby appointed the agent and attorney-in-fact of the Partnership and is fully authorized to open a brokerage account in the name of the Partnership, to place orders on the account, and to execute any instrument incidental to that (such as applying for options), to act in a sole capacity in these regards, and to act on behalf of the Partnership as may be more fully described in the Fidelity Account Customer Agreement ("Customer Agreement").
- Authorize Fidelity to follow the instructions of the said agent and attorney-in-fact in every respect concerning said account and to make delivery of securities and payment of monies to him or her or as he or she may order and direct and to send to him or her all demands, notices, reports, confirmations, statements of account, and communications of every kind relating to the account.
- 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, if held in eligible accounts, will be househanded 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 househanded in accordance with this authorization or any notice or agreement you received or entered into with Fidelity or its service providers.
- Consent and authorize Fidelity to send duplicate copies of confirmations and statements, or the transactions data contained therein, for this account and any accounts you choose to have on a consolidated statement to the firm(s) identified in Sections 2 and 3 above, for purposes of their compliance review, to the extent an individual authorized to act on this account indicates that he or she is associated with or employed by a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer.
- Authorize the said agent and attorney-in-fact to execute and deliver, on behalf of the Partnership and its members, the Customer Agreement, and any other agreements Fidelity may require, to act for the undersigned in every respect concerning said account, and to do all other things necessary or incidental to the conduct of said account.
- Agree that if new partners are admitted to the Partnership, the undersigned will cause such new partners to adopt and be bound by this authorization and indemnity.
- Agree to indemnify Fidelity from and hold Fidelity harmless for any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from Fidelity's effecting any transaction or acting upon any instruction given by you or any authorized agent, advisor, or any third party authorized on the Partnership's account(s), or from your action or inaction, whether intentional or not, including losses resulting from the action or inaction of any authorized agent, advisor, or any other third party authorized on the Partnership's account(s). You further agree that the indemnifications in this bullet are in addition to, and do not limit, any rights that Fidelity may have under any other agreement with you or the Partnership.
- Agree that in the event of death of any of the undersigned, the survivors shall immediately give Fidelity written notice thereof, and Fidelity may, before or after receiving such notice, take such proceeding, require such papers, retain such portion of and/or restrict transactions in the account as Fidelity may deem advisable to protect Fidelity against any liability, tax, or penalty under any present or future laws or otherwise. The estate of any of the undersigned who shall have died shall be liable, and each survivor shall continue to be jointly and severally liable, to Fidelity on the foregoing indemnity and for any debit balance or loss in said account resulting from the completion of transactions initiated prior to the receipt by Fidelity of the written notice of the death of the decedent.

Signatures and Dates continues on next page. ►►

4. Signatures and Dates, continued

- or incurred in the liquidation of the account or the adjustment of the interests of the respective parties.
- Agree that this authorization and indemnity shall inure to the benefit of Fidelity's present firm and its successors in business, irrespective of any change or changes of any kind in the personnel thereof for any cause whatsoever.

- Certify that the attached pages of the Partnership Agreement are true and valid copies of the legal document currently in effect.
- Agree that any information given on this form is subject to verification. You authorize Fidelity to act on all instructions approved on this form, to obtain a credit or other financial responsibility report on

you, the Partnership, and any authorized individual named herein. The undersigned are authorized to express the consent of such authorized individuals to obtain reports, and that such individuals have been notified of the possibility thereof. Upon written request, Fidelity 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.

<div>PRINT PARTNER NAME</div> <div> <div>PARTNER SIGNATURE</div> <div>DATE MM/DD/YYYY</div> </div> <div>SIGN X X</div>	<div>PRINT PARTNER NAME</div> <div> <div>PARTNER SIGNATURE</div> <div>DATE MM/DD/YYYY</div> </div> <div>SIGN X X</div>
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Form continues on next page. ►►



Did all partners sign the form and attach a check or any necessary documents? Send the ENTIRE form and any attachments to Fidelity Investments. You will receive a "New Account Profile" confirming that your account(s) is opened.

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

Use the postage-paid envelope, drop off at a Fidelity Investor Center, OR deliver to:

Regular mail

Fidelity Investments
P.O. 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. 448899.7.0 (05/18)

