



Account Number -



Personal Withdrawal Service Application

Advisor Name G Number

1 Customer Information

Primary Account Holder Name

Entity/Business/Trust Name

Social Security Number or Taxpayer ID Number

Joint Account Holder/Trustee Name (If Any)

Social Security Number or Taxpayer ID Number

2 Withdrawal Instructions

Personal Withdrawal Service will be established based on the instructions you complete below. Please use separate applications for withdrawals to be made on different days/months and read the current Prospectus for each fund in which you intend to redeem. If the date you select falls on a weekend or holiday, the withdrawal will be made on the prior business day. If the date you select does not occur each month (i.e., 29, 30, or 31), the withdrawal will be made on the first business day prior to the next month. You must have at least 1 withdrawal per 12-month period to use this service.

Withdrawal Choice (Please indicate dollar amount to be redeemed from each fund.)

\$ Amount	Mutual Fund (Describe in full, indicate symbol if known.)
<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"/>

Check month(s) in which to withdraw:

- January February March April May June
 July August September October November December

These withdrawals should take place on the following date of the month selected: (specify 01 to 31)

beginning in:

or indicate cycle: Monthly Quarterly Semi-Annual

If applicable, these withdrawals should **stop** on the following expiration date of the month selected:

(specify 01 to 31) beginning in:

Your withdrawal amount may be less, based on transaction fees associated with the fund.



Contingent Funding Options

In the event there is not enough money in the mutual fund(s) that I have selected in "Withdrawal Instructions," please do the following:

- A. I do not elect any secondary withdrawal instructions.**
- B. Liquidate any money market mutual fund position.** Make payments by liquidating from my core money market mutual fund and if there are insufficient funds in my core money market mutual fund then make payments by liquidating from my other money market mutual funds liquidating from the lowest balance money market mutual fund first.
- C. Liquidate any money market and other mutual fund positions.*** Make payments by liquidating from my core money market mutual fund and if there are insufficient funds in my core money market mutual fund then make payments by liquidating from my other money market mutual funds liquidating from the lowest balance money market mutual fund first. If there are insufficient funds in my other money market mutual funds then make payments by liquidating my other mutual funds positions liquidating from the lowest balance mutual fund first.

*Certain mutual funds may be closed to new investors. If one of these funds is subject to your distribution instructions, please be aware that your position could be fully liquidated, and this would prohibit you from future investment in the fund.

3 Payment Instructions

Choose **one** of the five settlement options listed:

- A. Send a check payable to me (us) to the mailing address on my (our) account.**
- B. Credit the proceeds to my (our) checking/savings account through EFT/ACH system.** Requires customer(s) signature(s). If your account is not currently set up for EFT, please note that EFT will take up to 14 days to set up. If you would like to establish EFT, please complete this section below or attach a voided check. Once EFT is established, please allow 2-3 days for funds to reach your bank or credit union. The recipient bank must be a member of the Automated Clearing House or we cannot transfer your distribution.

Type of Account: Checking Savings

Bank Name

Your Bank Account Number Your Bank's Routing Number

Your Name as it Appears on Your Bank Account

- C. Check to an alternate address**

Street Address

City State Zip/Postal Code

- D. Credit the proceeds to my (our) core money market in my Brokerage Account listed in Section 1.**

E. Credit the proceeds to another Fidelity brokerage account

4 Signature

I (We) hereby authorize and request the withdrawals to be made on my (our) account as instructed above. I (We) agree that neither this fund, nor Fidelity Brokerage Services LLC ("FBS"), nor National Financial Services LLC (together with FBS, "Fidelity") will be liable for any loss, liability, cost, or expense for acting upon such instructions. I understand that I will not receive an immediate transaction confirmation for each investment and that the details of each transaction will be provided on a periodic statement sent to me no less than quarterly. I represent that I have read and understand the prospectus for each fund in which I have instructed you to redeem on my behalf.

If my (our) account is being settled through the EFT/ACH system, I (we) hereby authorize and request Fidelity to make payment of amounts representing the proceeds of securities transaction(s) entered into me (us) or to secure payment for the cost(s) of said securities transaction(s) by initiating credit or debit entries to my (our) account indicated in the bank named above (Bank), and I (we) hereby authorize and request the Bank to accept any such credit or debit entries initiated by Fidelity to such account and to credit or debit, as requested, the same amount to such account, without responsibility for the correctness thereof or for the existence of any further authorization relating thereto. I (We) 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 this authorization.

It is understood that this authorization may be terminated by me (us) at any time three days prior to any scheduled transaction by written notification received by both Fidelity and the bank. Any such notification shall be effective only with respect to entries initiated after receipt of such notification and a reasonable time to act on it.

Signature

Date

Signature of Joint Owner (if applicable)

Date