



Account Number									

Check Card and Checkwriting Request

Use this form to add/change the Checkwriting feature and the Fidelity Check Card to your Fidelity Non-Retirement Brokerage Account. Allow up to 10 business days for features to be active after established.

For Agent/Advisor Use Only	
Advisor's Name	G NUMBER
	G

Account Owners

List all owners whose account you want to include. "Owner" may include a co-owner, custodian, trustee, or authorized individual.

Name	Name
Name	Name

Check Card Features

- Yes, I wish to be considered for the Fidelity Check Card, issued by PNC Bank, Delaware.
- Check here for an additional Fidelity Check Card for the Joint Owner.

Checkwriting Features

- Yes, I wish to establish checkwriting by signing the attached signature card.
- Do not print address on checks. (If this is not checked, your address will be printed on your checks.)
- Reorder checks.

Signature – Account Owner(s)/Authorized Individual(s) signature(s) required.

Checkwriting. Optional free checkwriting is provided by such bank as you may select from time to time (the "bank"). I understand that by choosing the checkwriting feature, I may write checks on the checkwriting service, which is governed by the rules of the bank, the applicable provisions of the Uniform Commercial Code and applicable state and federal law, and that you will charge me a nominal fee for check reorders and any special expenses incurred on this checking service, including a charge for checks returned for insufficient funds, stop payment requests, dishonored checks, and copies of checks. Canceled checks will not be returned. Accounts engaged in excessive checkwriting may have the checkwriting feature revoked or the account may be closed immediately at Fidelity's discretion. I understand that checks will be dishonored if the Collected Balance in my account is insufficient to honor a check in full, and Fidelity and the bank are not liable to me for any consequences of such dishonor.

Fidelity Check Card. I as account holder understand that PNC Bank, Delaware is the issuer of this Check Card and use of this feature is subject to approval by it. I authorize PNC Bank, Delaware to check my employment and credit history and to answer questions about their experience with me. I agree to abide by the terms and conditions set forth in the

Agreement and Disclosure Statement that will be provided when the Card(s) is (are) issued. The information provided on this application is true and correct to the best of my knowledge. I acknowledge that I am of full legal age in the state in which I reside. In case of a joint account, both account holders must sign and all trustees on a trust account must sign. I also understand that my first 5 ATM transactions are free; however, I will be responsible for any service charge by the bank providing ATM access. Thereafter a \$1 ATM transaction fee will be debited from my core account as incurred. I understand that I may incur a surcharge imposed by the bank that owns the ATM, and this fee is not charged or regulated by Fidelity. All transactions conducted on the Check Card will be debited from the core account as incurred.

By signing here I certify that I have read, met, and agreed to all of the terms, conditions, and disclosures on this application. In the case of joint account owners, "I" shall refer to all account holders.

Name of Account Owner	
Signature	Date (MM-DD-YYYY)
X	

Name of Account Owner	
Signature	Date (MM-DD-YYYY)
X	

Name of Account Owner	
Signature	Date (MM-DD-YYYY)
X	

Name of Account Owner	
Signature	Date (MM-DD-YYYY)
X	

This Page
Intentionally
Left Blank

PLEASE RETAIN FOR YOUR RECORDS

CHECKWRITING PRIVILEGES

I understand that by electing the checkwriting privilege for my account, I may write checks on the checking account established with such bank as you may select from time to time, which shall be governed by the rules of the bank and applicable state and federal law.

I also understand that I will be charged a nominal fee for check reorders and customary fees for events or services such as stop payment requests, dishonored checks and copies of checks. Accounts engaging in excessive checkwriting may be closed at FBS's discretion with prior notice. I understand that checks will be dishonored if the Collected Balance in my account is insufficient to honor a check in full, and FBS and the bank are not liable to me for any consequences of such dishonor.

LOST CHECKS

I agree to notify the issuing bank immediately upon the loss or theft of checks associated with my account.



Fidelity Brokerage Services LLC, Member NYSE, SIPC

1.799578.102 – 420414.2 (08/06)

For Fidelity Use Only	Account Number										
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										

Signature Card for Checkwriting – All Account Owner(s)/Authorized Individual(s) must complete the signature card

This card supersedes any signature card already on file for the same account. This card provides additional signers to this account.

IMPORTANT REMINDERS: For UGMA/UTMA Accounts, only the custodian should sign • For Business Accounts, all authorized persons should sign
Please use a BLACK BALL-POINT PEN • Print your name(s) clearly in CAPITAL LETTERS, then sign and date in the boxes below • Sign current legal name

Name of Account Owner	
Signature X	Date (MM-DD-YYYY)
Name of Joint Owner/Authorized Individual	
Signature X	Date (MM-DD-YYYY)

Name of Authorized Individual	
Signature X	Date (MM-DD-YYYY)
Name of Authorized Individual	
Signature X	Date (MM-DD-YYYY)

--

If more than one signature will be required to sign and process checks, please write the number of signatures required in the box to the left. If this box is empty, only one signature will be required on checks.

Please note: If you would like checkwriting privileges, you must sign the signature card attached to this application in addition to signing the Signature section of the application.

Signature Card

Please read and sign on the reverse side.

By signing this signature card on the reverse side, the signatory(ies) agree(s) to be subject to the terms and conditions, guidelines, and rules applicable to your account as now in effect, and as amended from time to time, of the fund(s) and of UMB Bank, N.A. ("the Bank"), as they pertain to the use of redemption checks; therefore, all registered account holders must sign this signature card. All checks will require only one signature unless otherwise indicated on the face of this card. Each signature guarantees the genuineness of the other's signature on this card.

The Bank is hereby appointed agent by the account holders signing this card and, as such agent, is directed to request Fidelity to debit monies or redeem shares of such Fidelity fund(s) as designated by the account holders from time to time, and as recorded on Fidelity's records, upon receipt of and to the amount of, checks drawn upon this

account(s). In so acting, the Bank shall be liable only for its own negligence. Account holders will be subject to the Bank's rules, regulations and associated laws governing check collection, including the Uniform Commercial Code as enacted in the State of Missouri.

A copy of the UMB Bank, N.A. Statement of Terms and Conditions applicable to your account will be enclosed with your initial checks.