



Account Number

Grid for Account Number



# Checkwriting and ATM/Debit Card Request (Non-Retirement Accounts Only)

Use this form to establish or update the checkwriting feature or to order ATM / Debit cards for your non-retirement brokerage account. Checks and ATM/Debit cards arrive 7 - 10 business days after Fidelity receives this form.

For Agent/Advisor Use Only

Advisor's Name

G NUMBER

G

## Checkwriting

To establish checkwriting for joint accounts, all owners must sign the form and the signature card at the end of this form. For Trust accounts, all trustees that will be writing checks must sign the form and the signature card at the end of this form. For business registrations, all authorized individuals must sign the form and the signature card at the end of the form. For UGMA/UTMA Accounts, only the custodian should sign the form and the signature card at the end of the form.

- Do not print address on checks. (If this is not checked, your address will be printed on your checks.)
Provide check images for this account.

## Debit Card (Individual, Joint and Trust Accounts only)

- Yes, I/we wish to be considered for the Fidelity ATM/Debit Card, issued by PNC Bank, N.A. - All owners must sign this form.
Check here for an additional Fidelity ATM/Debit Card(s) for the Joint Owner(s).

## Signature

Checkwriting. Optional free checkwriting is provided by such bank as Fidelity 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. Cancelled 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. I agree to notify Fidelity immediately upon the loss or theft of checks associated with my account.

Fidelity ATM/Debit Card. I as account holder understand that PNC Bank, N.A. is the issuer of this ATM/Debit Card and use of this ATM/Debit card is subject to approval by it. 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 I am responsible for any fees charged by the ATM owner; however Fidelity will reimburse me for up to \$75 in domestic ATM fees per year. Fees incurred at an ATM in a foreign country will not be reimbursed. Fees incurred beyond \$75 per year will be debited from my account as the fees are incurred. ATM fees are not charged or regulated by Fidelity. All transactions conducted on the ATM/Debit 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 X Date (MM-DD-YYYY)

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

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

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



# Signature Card for Checkwriting

By signing this signature card below, 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 order of checks.

|                              |                                 |
|------------------------------|---------------------------------|
| <i>For Fidelity Use Only</i> | Account Number<br>9   9   9   1 |
|------------------------------|---------------------------------|

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

**IMPORTANT REMINDERS:** 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/Custodian/Trustee           |                   |
| Signature<br><b>X</b>                             | Date (MM-DD-YYYY) |
| Name of Joint Owner/Authorized Individual/Trustee |                   |
| Signature<br><b>X</b>                             | Date (MM-DD-YYYY) |

|                                       |                   |
|---------------------------------------|-------------------|
| Name of Authorized Individual/Trustee |                   |
| Signature<br><b>X</b>                 | Date (MM-DD-YYYY) |
| Name of Authorized Individual/Trustee |                   |
| Signature<br><b>X</b>                 | 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.

