Fidelity Retirement Plan Information Form Instructions

As part of Fidelity's ongoing effort to improve shareholder service, we are requesting that you provide us with your Employer (Tax) Identification Number (EIN) and Plan Administrator information, as well as information about any participants you may have in your plan. If you have provided this information in the past, and it has not changed, please disregard this form. Otherwise, please complete this form and mail it to Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0002.

If you have any questions, call a Fidelity Retirement Representative at 800-544-5373 (8 a.m. to 8 p.m. ET, seven days a week).

1. PLAN INFORMATION

Provide your EIN as assigned by the IRS. Your EIN is not the same as your Social Security Number. Each employer who maintains a qualified plan, such as your Fidelity Retirement Plan, will need a unique EIN assigned by the IRS. Employers can find out how to request an EIN by visiting the IRS Web site, www.irs.gov, or by calling the IRS at 800-829-4933. If you are a plan participant, other than the employer, please give this form to your employer to complete.*

Providing your EIN enables Fidelity to report all your plan assets (including any employees’ assets) on one Annual Valuation Statement, to help you prepare your Form 5500 reporting.

2. PLAN ADMINISTRATOR INFORMATION

Providing your Plan Administrator information will help insure that he or she receives the appropriate Annual Valuation Statement with information necessary to complete Form 5500 or Form 5500-EZ. Please note that each account within your plan must have the same Plan Administrator.

If you should need to change your Plan Administrator, please attach a signature-guaranteed letter of instruction with this form.

3. PARTICIPANT INFORMATION

Complete the information for all participants (including employer-participants) in this plan. If necessary, please list any additional participants, their Social Security Numbers, and one of their account numbers on another sheet of paper, and attach it to this form. This will facilitate the delivery of all participant Annual Valuation Statements for this plan in one envelope to the Plan Administrator.

4. EMPLOYER SIGNATURE

The employer should sign the form, certifying that the information is correct.* Mail the form to Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0002.

*Participants do not need to apply for an EIN themselves, or sign in Section 4, unless they are an employer-participant.
1. PLAN INFORMATION

Plan Name
Type of Plan (Check one)
- Profit Sharing
- Money Purchase
- Self-Employed 401(k)
- Paired Plan (both Profit Sharing & Money Purchase)

Employer (Tax) Identification Number (EIN)

2. PLAN ADMINISTRATOR INFORMATION

Plan Administrator’s Name
Plan Administrator’s Address
City
State
Zip

Is the Plan Administrator employed by the company which is sponsoring the Fidelity Retirement Plan? Yes ☐ No ☐
Is the Plan Administrator a Fidelity Retirement Plan participant? Yes ☐ No ☐
If yes, provide one of the Plan Administrator’s Fidelity Retirement Plan account numbers:

3. PARTICIPANT INFORMATION

Complete the information for all participants (including employer-participants) in this plan. If necessary, please list any additional participants, their Social Security Numbers, and one of their account numbers on another sheet of paper and attach it to this form.

<table>
<thead>
<tr>
<th>First Participant’s Name</th>
<th>Third Participant’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Social Security Number</td>
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<tr>
<td>Participant’s Account Number</td>
<td>Participant’s Account Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Participant’s Name</th>
<th>Fourth Participant’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Participant’s Account Number</td>
<td>Participant’s Account Number</td>
</tr>
</tbody>
</table>

4. EMPLOYER SIGNATURE

I certify under penalties of perjury that the Employer (Tax) Identification Number I have provided above is correct. I further certify that all the information above is correct.

EMPLOYEE SIGNATURE DATE

X

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