



# Fidelity Investments 403(b) Individual Custodial Account Application

## GENERAL INSTRUCTIONS

**Opening a new account:** Please complete this form and sign it on the back. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity. Once your account is established, you can submit a Salary Reduction Agreement to your employer, who can then forward contributions to your account. Please contact Fidelity, your employer, or tax advisor to determine your maximum allowable contribution.

**Moving assets from an existing plan:** To make a transfer or rollover contribution, please complete the enclosed transfer/rollover form. If a form was not included within your enrollment kit, please call Fidelity to request a form.

**Fees:** Your account may be subject to an annual maintenance and/or recordkeeping fee.

**Mailing instructions:** Return this form in the enclosed postage-paid envelope or to  
**Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090**

**Questions?** Call Fidelity Investments at 1-800-343-0860, Monday through Friday, from 8 a.m. to midnight Eastern time (excluding New York Stock Exchange holidays), or visit us at [www.fidelity.com/atwork](http://www.fidelity.com/atwork).

## YOUR INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Indicate Your Campus Location:

- |                                            |                                                |                                           |                                                     |
|--------------------------------------------|------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Fayetteville-1350 | <input type="checkbox"/> Medical Sciences-UAMS | <input type="checkbox"/> Little Rock-UARL | <input type="checkbox"/> Cooperative Extension-2448 |
| <input type="checkbox"/> Pine Bluff-2492   | <input type="checkbox"/> Monticello-2643       | <input type="checkbox"/> Hot Springs-ASMS |                                                     |

Plan Number (if known):

Social Security #:    -   -       Date of Birth:   -   -

First Name:

Last Name:

Mailing Address:

Address Line 2:

City:                    State:

ZIP:      -

Daytime Phone:    -    -       Evening Phone:    -    -

Email:

Date of Hire:   -   -

I am:  Single OR  Married



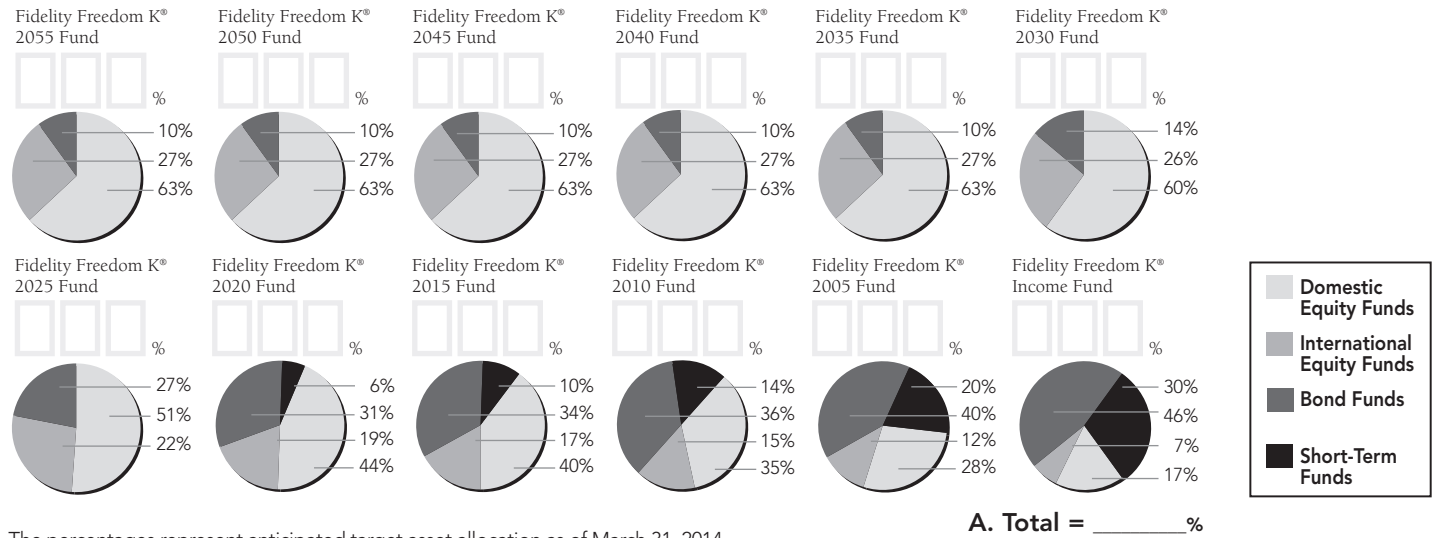
## SELECTING YOUR INVESTMENT OPTIONS

You may choose to invest in the Fidelity Freedom K® Funds or other investment options Fidelity has to offer. You may select one option or a combination of the two. If you choose a combination, be sure the total of your investments adds up to 100% (Sections A + B below).

**NOTE:** For investors who prefer to create their own portfolio, Fidelity offers a wide selection of investments to choose from. Contact Fidelity for a free prospectus. Please read it carefully before you invest.

### A. Freedom Fund Options

Choose the Fidelity Freedom K® Fund that matches your anticipated retirement date. If you choose to invest only in Freedom funds, make sure your Freedom fund selection(s) totals 100%.



The percentages represent anticipated target asset allocation as of March 31, 2014.

Target asset allocations may appear equal due to rounding. Allocation percentages may not add up to 100% due to rounding and/or cash balances.

Fidelity Freedom K® Funds are designed for investors expecting to retire around the year indicated in each fund's name. Except for the Fidelity Freedom K® Income Fund, the funds' asset allocation strategy becomes increasingly conservative as it approaches the target date and beyond. Ultimately, the funds are expected to merge with the Fidelity Freedom K® Income Fund. The investment risk of each Fidelity Freedom K® Fund changes over time as its asset allocation changes. The funds are subject to the volatility of the financial markets, including equity and fixed income investments in the U.S. and abroad, and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the funds' target dates.

### B. Other Investment Options

Please check here if you are selecting more than four investment options. To select more than four investment options, please attach, sign, and date a separate piece of paper that includes the Fund Code, Fund Name, and Percentage for each additional option. The total for all investment options needs to add up to 100%.

<b>Investment Options</b>		<b>Please use whole percentages</b>
<b>Fund Code:</b>	<b>Fund Name:</b>	<b>Percentage:</b>
<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"/>
		<b>B. Total = _____ %</b>

**Grand Total (A + B) = 100%**

Keep in mind that if your figures don't add up to 100% or if you leave this section blank, your contributions will be invested in the default option described in your employer's summary plan document or the Individual Custodial Account Agreement.

## DESIGNATING YOUR BENEFICIARY(IES)

Please check here if you have more than two primary beneficiaries or two contingent beneficiaries.

**You are not limited to two primary beneficiaries and two contingent beneficiaries.** To assign additional beneficiaries, or to make a more complex beneficiary designation, please attach, sign, and date a separate piece of paper.

**When designating primary and contingent beneficiaries, please use whole percentages** and be sure that the percentages for each group of beneficiaries total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the date the trust was created, and the trustee's name.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to your primary beneficiary(ies) who survives you. If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary's designated share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentage selected for them.

### Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

1. Individual: \_\_\_\_\_ OR

Social Security Number: \_\_\_\_\_ OR

Date of Birth or Trust Date:

Trust Name:

Tax ID Number:

Percentage:

 %

Relationship to Applicant:

Spouse    OR     Trust    OR     Other

2. Individual: \_\_\_\_\_ OR

Social Security Number: \_\_\_\_\_ OR

Date of Birth or Trust Date:

Trust Name:

Tax ID Number:

Percentage:

 %

Relationship to Applicant:

Spouse    OR     Trust    OR     Other

### Contingent Beneficiary(ies)

If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below. **Please note:** Your primary beneficiary cannot be your contingent beneficiary.

1. Individual: \_\_\_\_\_ OR

Social Security Number: \_\_\_\_\_ OR

Date of Birth or Trust Date:

Trust Name:

Tax ID Number:

Percentage:

 %

Relationship to Applicant:

Spouse    OR     Trust    OR     Other



DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

Contingent Beneficiary(ies), continued

2. Individual: OR [ ]

Trust Name: [ ]

Social Security Number: OR [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

Tax ID Number: [ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]-[ ]

Percentage: [ ]-[ ]-[ ] %

Date of Birth or Trust Date: [ ]-[ ]-[ ]-[ ]-[ ]-[ ]

Relationship to Applicant: [ ] Spouse OR [ ] Trust OR [ ] Other

If you are assigning additional contingent beneficiaries, payment to contingent beneficiaries will be made according to the rules of succession described under Primary Beneficiary(ies).

AUTHORIZATION AND SIGNATURE

Individual Authorization: By executing this form:

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct.
I acknowledge that I have read the prospectus of any mutual fund in which I invest and that it is my responsibility to read the prospectus(es) of any fund into which I exchange and agree to the terms.
I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver another completed and signed Beneficiary Designation Form to Fidelity with a later date.
I am aware that the beneficiary information provided herein shall apply to all my Fidelity accounts under the plan listed in Section 1 for which Fidelity Management Trust Company (FMTC) (or its affiliates and/or any successor appointed pursuant to the terms of such accounts or trust agreement in effect between FMTC and my employer, as applicable) acts as trustee or custodian, and shall replace all previous designation(s) I have made on any of my accounts.
I understand that my account may be subject to an annual maintenance and/or recordkeeping fee.
I hereby adopt the Fidelity Investments 403(b) Individual Custodial Account ("the Program") and certify that I have received and read the Individual Custodial Agreement for the Program.
I acknowledge that the provisions of the Program shall be governed by the laws of the Commonwealth of Massachusetts.
I understand that I may designate a beneficiary for my assets accumulated under the Program and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, my estate.
I understand that if my employer's 403(b) program is controlled by a formal retirement plan document, the plan document may enforce a different beneficiary requirement.
I recognize that although FMTC is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my 403(b) account may be invested is a bank, and mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC.

Your Signature:

[X] [ ]

Date:

[ ]-[ ]-[ ]-[ ]-[ ]-[ ]