

Resolution of Unincorporated Business

Use this form to identify those officers or individuals who are authorized to transact business on the account.

This Resolution must be notarized. Please see Section 4.

If you have any questions, call us at **800-343-3548** or visit us at **Fidelity.com**. Send all appropriate forms in the enclosed envelope or mail to: Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0002.

1 CUSTOMER INFORMATION

Permanent street address is required.

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Account Number (If applicable)

Business Name Enter full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, articles of incorporation).

Tax Identification Number

Business address (no P.O. boxes) (city, state, zip)

() -
Daytime Phone

Mailing address (if different from above) (city, state, zip)

GOVERNMENT ID (FOREIGN Business ONLY)

Please attach a photocopy.

Type of document

Document number and country of issuance
(number from the document)

2 CERTIFICATION FOR BUSINESSES

I _____, _____ hereby
Name Title
certify that the Business identified above is duly organized and existing under the laws of the state/country of _____ and that the following is a true copy of a resolution duly adopted by the governing body of the named Business at a meeting held on _____ at which a quorum was present and voting and
Date
that the same has not been repealed or amended and remains in full force and effect and does not conflict with the by-laws of said Business as stated in

(Name of Document under which the Business is operating)

_____ is an authorized officer of the above named Business and as such is authorized to execute any and all instruments necessary, proper, and desirable for the purpose, including any and all documentation necessary to establish this account (which may be a margin account) in the name of said Business with Fidelity and to purchase, trade, sell (including short sales in margin accounts), assign, withdraw, transfer, and/or deliver any and all stocks, bonds, options, or any other assets or securities, listed or unlisted, and to establish check-writing, EFT, and other account-related services in said account(s) as indicated further, that any past action in accordance herewith is hereby ratified and confirmed; and, further, that any officer of this Business (other than those listed here) is hereby authorized to certify this resolution to Fidelity. This authorization shall continue in force until revoked by the above-named Business by a written notice, addressed and delivered to Fidelity.



3 AUTHORIZED INDIVIDUALS

To list up to seven Authorized Individuals on this account, provide the information below for each new and/or remaining Authorized Individual. Each Authorized Individual named is fully authorized to open a brokerage account in the name of the business identified in Section 1, to place orders on the account, and to execute any instrument incidental to such account (such as applying for margin or options), to act in a sole capacity in these regards, and to act on behalf of the business as may be more fully described in the Fidelity Account Customer Agreement ("Customer Agreement"). If you need to provide information for more than two Authorized Individuals, make a copy of this section for each additional Authorized Individual.

All fields in bold are required.

Full name* _____
First Name Middle Name Last Name

*Enter full first and last name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

Entity name† _____

†If the Authorized Individual is an entity, enter the full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, articles of incorporation). Additional Fidelity forms are required, and all required forms and supporting documentation must be provided at the time this form is submitted, or we will be unable to process this request.

Email address _____ **Date of birth (month/day/year)** _____

Social Security number _____ or

Taxpayer ID number (required if Authorized Individual is an entity) _____

Permanent address _____
(no P.O. boxes) Street City State Zip

Mailing address _____
(if different from above) Street City State Zip

Phone number Day _____ Ext. _____

Country of citizenship U.S. Other _____ **Country of tax residence** U.S. Other _____

UNEXPIRED GOVERNMENT ID (FOREIGN CITIZENS ONLY)

Identification document must have a reference number and photo. Please attach a photocopy.

Place of birth _____
City State/Province Country

Immigration status Permanent resident Nonpermanent resident Non-resident

Check which type of document you are providing:

Passport Employment Authorization Document DHS Permanent Resident Card Foreign National Identity Document

Document number and country of issuance _____
(Number from the document checked above)

Employment status Employed Not employed Retired Occupation _____
(if retired or not employed, indicate source of income)

Self-Employed If you are self-employed and your business address is the same as your legal home address, please initial here that you work out of your home _____

Employer's name _____

Address _____ City _____ State _____ ZIP _____

ASSOCIATIONS (required for Fidelity brokerage accounts)

Check this box if you are employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), a municipal securities dealer, or other financial institution, or are the spouse or an immediate family member residing in the same household of someone who meets the aforementioned employment criteria, provide the company's name and address below. By providing this information and completing this form, you hereby authorize Fidelity to provide the associated person's employer with duplicate copies of confirmations and statements, or the transactions data contained therein, for your account(s) and any accounts you choose to have on a consolidated statement for purposes of their compliance review.

As a person associated with a member firm, you are obligated to receive consent from that firm. Fidelity has existing consent agreements with many firms for their employees to maintain accounts with Fidelity and to deliver transactional data. If your firm is not one of them, Fidelity will attempt to contact your firm's compliance office.

Associated entity name _____

Address _____
Street City State ZIP

AFFILIATIONS

Check this box if you, your spouse, or any of your relatives (including parents, in-laws, and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, a 10% shareholder, or a policy-making officer of a publicly traded company (an "Affiliate"), you must provide the information below.

Affiliate's Company Name _____ Trading Symbol or CUSIP _____

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Receive Account Documents Online:

If you provided an email address and unless you indicate otherwise below, all materials will be sent to you electronically. To confirm electronic delivery, respond to the Electronic Delivery Agreement and Consent, which we will email to you. To choose delivery by U.S. mail, check one or more boxes below.

Check only those items you do NOT want to receive electronically:

Account Statements Trade Confirmations and Related Prospectuses Other documents (including shareholder reports and regular prospectus mailings)



ADDITIONAL AUTHORIZED INDIVIDUAL

Full name* _____
First Name Middle Name Last Name

*Enter full first and last name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

Entity name† _____

†If the Authorized Individual is an entity, enter the full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, articles of incorporation). Additional Fidelity forms are required, and all required forms and supporting documentation must be provided at the time this form is submitted, or we will be unable to process this request.

Email address _____ Date of birth (month/day/year) _____

Social Security number _____ or

Taxpayer ID number (required if Authorized Individual is an entity) _____

Permanent address _____
(no P.O. boxes) Street City State Zip

Mailing address _____
(if different from above) Street City State Zip

Phone number Day _____ Ext. _____

Country of citizenship [] U.S. [] Other _____ Country of tax residence [] U.S. [] Other _____

UNEXPIRED GOVERNMENT ID (FOREIGN CITIZENS ONLY)

Identification document must have a reference number and photo. Please attach a photocopy.

Place of birth _____
City State/Province Country

Immigration status [] Permanent resident [] Nonpermanent resident [] Non-resident

Check which type of document you are providing:

[] Passport [] Employment Authorization Document [] DHS Permanent Resident Card [] Foreign National Identity Document

Document number and country of issuance _____
(Number from the document checked above)

Employment status Employed Not employed Retired Occupation _____
(if retired or not employed, indicate source of income)

Self-Employed If you are self-employed and your business address is the same as your legal home address, please initial here that you work out of your home _____

Employer's name _____

Address _____ City _____ State _____ ZIP _____

ASSOCIATIONS (required for Fidelity brokerage accounts)

Check this box if you are employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), a municipal securities dealer, or other financial institution, or are the spouse or an immediate family member residing in the same household of someone who meets the aforementioned employment criteria, provide the company's name and address below. By providing this information and completing this form, you hereby authorize Fidelity to provide the associated person's employer with duplicate copies of confirmations and statements, or the transactions data contained therein, for your account(s) and any accounts you choose to have on a consolidated statement for purposes of their compliance review.

As a person associated with a member firm, you are obligated to receive consent from that firm. Fidelity has existing consent agreements with many firms for their employees to maintain accounts with Fidelity and to deliver transactional data. If your firm is not one of them, Fidelity will attempt to contact your firm's compliance office.

Associated entity name _____

Address _____
Street City State ZIP

AFFILIATIONS

Check this box if you, your spouse, or any of your relatives (including parents, in-laws, and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, a 10% shareholder, or a policy-making officer of a publicly traded company (an "Affiliate"), you must provide the information below.

Affiliate's Company Name _____ Trading Symbol or CUSIP _____

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Receive Account Documents Online:

If you provided an email address and unless you indicate otherwise below, all materials will be sent to you electronically. To confirm electronic delivery, respond to the Electronic Delivery Agreement and Consent, which we will email to you. To choose delivery by U.S. mail, check one or more boxes below.

Check only those items you do NOT want to receive electronically:

Account Statements Trade Confirmations and Related Prospectuses Other documents (including shareholder reports and regular prospectus mailings)



4 SIGNATURE

This resolution must be signed by an officer not listed in Section 3. If the above named authorized individual is the only person authorized to act on behalf of the registered owner, and is the sole officer of the registered owner, certification is hereby made that the authorized individual is the sole officer and that this is in accordance with applicable governing documents. A notarization of the signature is also required in order to add the authorized individuals to the account.

The undersigned represents and warrants that if a section titled Associations is not completed, the authorized individual is not employed by nor associated with a broker-dealer, stock exchange, exchange member firm, FINRA, a municipal securities dealer, or any other financial institution, nor is the authorized individual the spouse or immediate family member residing in the same household of such a person.

The undersigned represents and warrants that if a section titled Affiliations is not completed, none of the authorized individual, his or her spouse, nor any of his or her relatives living in his or her home are a control person or affiliate of a public company under SEC Rule 144.

The undersigned agrees that any information given on this certification is true, accurate, complete, and is subject to verification and authorizes Fidelity to obtain a credit or other financial responsibility report with respect to the registered account holder as well as any other individual authorized to transact business on behalf of the registered account holder, and that the undersigned is authorized to express the consent of such authorized individuals to obtain such a report, and that such individuals have been notified of the possibility thereof. Upon written request, Fidelity will provide the name and address of the credit reporting agency used.

To help the government fight financial crimes, federal regulation requires Fidelity to obtain and verify your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account. Also, federal regulation requires Fidelity to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

The Authorized Officer's Signature (below) must be notarized in Section 4 of this Resolution.

SIGNATURE OF AUTHORIZED OFFICER

DATE

X

Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

Notice to CA Residents: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Certificate of Acknowledgement of Notary Public *Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.*

State of _____, County of _____, on _____^{Date} 20_____,

subscribed and sworn to before me by _____, who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her/their own free act and deed.

NOTARY STAMP OR SEAL

X _____
SIGNATURE OF NOTARY PUBLIC

COMMISSION EXPIRATION DATE (DD/MM/YYYY)



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Fidelity Brokerage Services LLC, Member NYSE, SIPC



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Page 7 of 7

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