

# Fidelity Investments

## IU Retirement Savings 457(b) Plan (71301)

### Enrollment and Beneficiary Designation Form



**Opening a new account:** Please complete this enrollment form, and sign it on the back. You will receive written confirmation once your account is established. At that point, you can also submit a Salary Reduction Agreement to your employer who can then forward contributions to your account. Please contact your employer or tax advisor to determine your maximum allowable contribution.

**Fees:** Your account may be subject to an annual maintenance and/or recordkeeping fee, which will vary depending on your institution's plan size and processing requirements.

**Return this form to your campus human resources office.**

**Transferring from an existing 457(b) non-governmental plan (if allowed by your employer):** If you are transferring assets to Fidelity and as a result establishing a new 457(b) non-governmental account, please complete a 457(b) Non-Governmental Transfer Form in addition to this Enrollment and Beneficiary Designation Form.

**457(b) governmental plan transfer or rollover (if allowed by your employer):** Movement of money between the same plan types, Governmental 457(b) to Governmental 457(b), will be requested as an in-plan transfer. Movement of money between different plan types will be requested as a rollover. Please call to request a Transfer/Rollover/Exchange Form and return it with this Enrollment and Beneficiary Designation Form and your check.

**Questions?** For additional assistance, please contact Fidelity Investments at 1-800-343-0860, or for the hearing impaired (TTY), 1-800-259-9743, Monday through Friday, 8:30 a.m. to 8:30 p.m. (except for New York Stock Exchange holidays).

#### 1. PARTICIPANT INFORMATION

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

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

First Name:

Last Name:

Mailing Address:

Address Line 2:

City:  State:

Zip:

Daytime Phone: -- Evening Phone: --

E-mail:

#### 2. EMPLOYER INFORMATION

Name of Current Employer/Site/Division:

Mailing Address:

City:  State:

Zip:

Date of Hire: -- Your Occupation:





## 4. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

<p>2. Individual: <span style="float: right;">OR</span>  <input style="width: 100%;" type="text"/></p> <p>Social Security Number: <span style="float: right;">OR</span>  <input style="width: 100%;" type="text"/></p> <p>Date of Birth or Trust Date:  <input style="width: 100%;" type="text"/></p>	<p>Trust Name:  <input style="width: 100%;" type="text"/></p> <p>Tax ID Number: <span style="float: right;">Percentage:</span>  <input style="width: 100%;" type="text"/> <input style="width: 50px;" type="text"/> %</p> <p>Relationship to Applicant:  <input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other</p>
<p>3. Individual: <span style="float: right;">OR</span>  <input style="width: 100%;" type="text"/></p> <p>Social Security Number: <span style="float: right;">OR</span>  <input style="width: 100%;" type="text"/></p> <p>Date of Birth or Trust Date:  <input style="width: 100%;" type="text"/></p>	<p>Trust Name:  <input style="width: 100%;" type="text"/></p> <p>Tax ID Number: <span style="float: right;">Percentage:</span>  <input style="width: 100%;" type="text"/> <input style="width: 50px;" type="text"/> %</p> <p>Relationship to Applicant:  <input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other <b>Total = 100%</b></p>

### 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.

<p>1. Individual: <span style="float: right;">OR</span>  <input style="width: 100%;" type="text"/></p> <p>Social Security Number: <span style="float: right;">OR</span>  <input style="width: 100%;" type="text"/></p> <p>Date of Birth or Trust Date:  <input style="width: 100%;" type="text"/></p>	<p>Trust Name:  <input style="width: 100%;" type="text"/></p> <p>Tax ID Number: <span style="float: right;">Percentage:</span>  <input style="width: 100%;" type="text"/> <input style="width: 50px;" type="text"/> %</p> <p>Relationship to Applicant:  <input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other</p>
<p>2. Individual: <span style="float: right;">OR</span>  <input style="width: 100%;" type="text"/></p> <p>Social Security Number: <span style="float: right;">OR</span>  <input style="width: 100%;" type="text"/></p> <p>Date of Birth or Trust Date:  <input style="width: 100%;" type="text"/></p>	<p>Trust Name:  <input style="width: 100%;" type="text"/></p> <p>Tax ID Number: <span style="float: right;">Percentage:</span>  <input style="width: 100%;" type="text"/> <input style="width: 50px;" type="text"/> %</p> <p>Relationship to Applicant:  <input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other</p>
<p>3. Individual: <span style="float: right;">OR</span>  <input style="width: 100%;" type="text"/></p> <p>Social Security Number: <span style="float: right;">OR</span>  <input style="width: 100%;" type="text"/></p> <p>Date of Birth or Trust Date:  <input style="width: 100%;" type="text"/></p>	<p>Trust Name:  <input style="width: 100%;" type="text"/></p> <p>Tax ID Number: <span style="float: right;">Percentage:</span>  <input style="width: 100%;" type="text"/> <input style="width: 50px;" type="text"/> %</p> <p>Relationship to Applicant:  <input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other <b>Total = 100%</b></p>

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

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## 5. AUTHORIZATION AND SIGNATURE

**Individual Authorization:** By executing this form

- I certify 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 understand that my account may be subject to an annual maintenance and/or recordkeeping fee.**
- I understand that I may designate a beneficiary for my assets accumulated under the Plan and that if I choose not to designate a beneficiary, distributions will be made based on the provisions of the Plan. If my employer requires that my spouse consent to my designation of a non-spouse as my primary beneficiary, I understand that I may be required to complete a different form.
- If Fidelity Management Trust Company ("FMTC") is the trustee of my Employer's Plan, I recognize that although FMTC is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my accounts 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:

Date:



Fidelity Investments Institutional Operations Company, Inc.