

Durable Power of Attorney— Affidavit and Indemnification

Use this form to certify the validity and effectiveness of the Durable Power of Attorney (POA) that granted you the power to act on behalf of the account owner of the Fidelity accounts listed on this form and to indemnify Fidelity. Do NOT use this form for any custodial, business, defined benefit, investment-only (also known as non-prototype), or fiduciary accounts, Fidelity Retirement Plans, or workplace retirement plans, such as a 401(k). Type on screen or print out and fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

Helpful to Know

- The Attorney-in-Fact's signature **MUST** be notarized on this form.
- **You must also submit a copy of the POA documents naming you the Attorney-in-Fact for the account owner, as well as copies of any supporting documents, along with this form. If you do not have a POA document, you may instead complete the Fidelity Durable Power of Attorney All States Except New York form, or, if you are a New York resident, the Fidelity Durable Power of Attorney—New York form.**
- Each Attorney-in-Fact added to an account must complete and submit a separate form.
- If the existing account(s) have options or checkwriting, new forms must be completed to maintain the features on the account(s). Visit [Fidelity.com/forms](https://www.fidelity.com/forms) to obtain the necessary forms.
- **Important to Note:** Once you have been added as Attorney-in-Fact, there will be a 30-day restriction on making withdrawals that total more than \$10,000 from the account, but exceptions can be made in certain situations. Please contact a Fidelity representative for more information.

Trust Accounts

- If you are adding POA to a trust account, your POA document **MUST** clearly state that the trustee is delegating his or her fiduciary responsibilities.

1. Account Owner

This phone number may be used if we have questions but will not be used to update your account information.

Name			
Social Security or Taxpayer ID Number	Daytime Phone		Extension

2. Account(s) Included

Account Number	Account Number	Account Number
Account Number	Account Number	Account Number

3. Attorney-in-Fact

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

First Name	Middle Name	Last Name
Social Security or Taxpayer ID Number		
Date of Birth MM DD YYYY	Daytime Phone	Extension

Residential Address (where you live) This is your legal address used for tax reporting.

Street Address		
City	State	ZIP Code

Attorney-in-Fact continues on next page. ►►

Mailing Address This may be a P.O. box, drop box, or c/o location.☐ Same as residential address ▶ Default if no other information indicated below.

Mailing Address		
City	State	ZIP Code

CitizenshipIndicate your citizenship status. ▶☐ U.S. citizen☐ Foreign citizen *Information in this box must be completed.*☐ Permanent U.S. resident ☐ Non-permanent U.S. resident ☐ Nonresident of U.S.

Country of Citizenship	Country of Tax Residency <i>Only applicable to nonresidents of the U.S.</i>
City, State/Province, and Country of Birth	

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

Check one and **attach a copy of a valid and unexpired government ID** showing number and photo. To claim non-U.S. tax status, also complete and submit an IRS Form W-8BEN.

Income Source

Check one and provide information. Industry regulations require us to ask for this information.

☐ Employed ☐ Self-employed

Occupation	Employer <i>Leave blank if self-employed.</i>		
Employer Address			
City	State/Province	ZIP/Postal Code	Country

☐ Retired: ☐ Not employed:

Source of Income <i>Pension, investments, spouse, etc.</i>

Associations

Fidelity is required by industry regulations to determine if you or someone in your household is associated with a financial services company or is a control person of a corporation.

If you are employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer, you must provide the company's name and address below.

Fidelity has existing consent agreements with many firms. If your firm is not one of them, Fidelity will contact your firm's compliance office.

Company Name			
Company Address			
City	State/Province	ZIP/Postal Code	Country

If you are, or an immediate family/household member is, a director, corporate officer, or 10% shareholder of a publicly held company, or a control person of a publicly traded company under SEC Rule 144, you must provide the information below.

Company Name	Trading Symbol or CUSIP

Attorney-in-Fact continues on next page. ▶▶

Duplicate Materials

If you would like to receive copies of account statements or transaction confirmations, check the appropriate boxes below. If you are an existing Fidelity customer and your email address is provided, account statements and/or transaction confirmations will be sent electronically. If an email address is not provided, any duplicate materials will be sent by U.S. mail.

- ☐ Account statements
☐ Transaction confirmations

Email

4. Attorney-in-Fact Signature and Date *Named Attorney-in-Fact must sign and date this section in the presence of a notary public.*

By signing below, you:

- Affirm that you have read, and that you understand and agree to be bound by, the provisions of this form as well as (and without limitation) the terms and conditions governing Fidelity's relationship with the account owner as set forth in the Fidelity Account Customer Agreement (the "Agreement") and the Schedule of Fees (which is incorporated into the Agreement by reference and legally forms a part of that document), as is currently in effect and as may be amended in the future.
- Affirm that you are the individual named in the document(s) appointing the Attorney(s)-in-Fact for the account owner named in Section 1 and the accounts listed in Section 2.
- Accept appointment as Attorney-in-Fact for the account owner, according to all terms and conditions described in this form.
- Agree that any information given on this form is subject to verification. You authorize Fidelity Brokerage Services LLC, National Financial Services LLC and their agents, affiliates, assigns, control persons, employees, successor custodians, officers and directors (collectively, "Fidelity") to act on all instructions given on this form, to obtain a credit or other financial responsibility report on yourself and upon written request, to provide the name and address of the credit reporting agency used.
- Represent and warrant that if you have not completed the section titled Associations, you are not associated with or employed by a stock exchange or a broker-dealer and that you are not a control person or associate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policy-making officer), or an immediate family or household member of such a person.
- Affirm that the account owner is not deceased, has not partially or totally revoked, suspended, or terminated the authority delegated and that there is no petition pending to determine the incapacity or to appoint a guardian for the account owner.
- Agree not to issue or relay any instructions that you believe to be inconsistent with your powers or responsibilities as Attorney-in-Fact.
- Agree to identify yourself as Attorney-in-Fact when signing documents on behalf of the account owner, using either of these accepted forms: "[account owner name] by [your signature] as Agent," or "[your signature] as Agent for [account owner name]".
- Indemnify and hold Fidelity harmless from and against any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from transactions made in accordance with your instructions. You further agree that the indemnifications in this bullet are in addition to, and do not limit, any rights that Fidelity may have under any other agreement with you.
- Agree that Fidelity may restrict or suspend your ability to remove money from the accounts listed in Section 2.
- Agree to serve as Attorney-in-Fact, and acknowledge that you shall remain Attorney-in-Fact, until Fidelity has received what it considers to be satisfactory written notice of either the account owner's death or your removal or resignation as Attorney-in-Fact. Written notice to the account owner and to any co-agent, successor agent, or the account owner's guardian (if one has been appointed), will ordinarily constitute satisfactory notice of resignation.
- Agree to cease acting as Attorney-in-Fact if you know, or have reason to know, that your capacity to act as Attorney-in-Fact has been limited or terminated for any reason.
- Represent that if there are multiple Attorneys-in-Fact authorized with respect to the accounts listed in Section 2, you are authorized to act severally or individually, and that Fidelity may follow any of your instructions independent of all other Attorneys-in-Fact, including the delivery of assets to you personally.
- Understand that in the event of any conflict between instructions given by Attorneys-in-Fact or by an account owner and an Attorney-in-Fact, Fidelity may restrict the account until it has received joint written instructions that it finds satisfactory.

This durable POA shall be governed by Massachusetts law, except with respect to its conflict of laws provisions.

You acknowledge that this account and durable POA are governed by a predispute arbitration clause, which appears on the last page of the Agreement, and that you have read the predispute arbitration clause.

PRINT ATTORNEY-IN-FACT NAME	
ATTORNEY-IN-FACT SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

Attorney-in-Fact Signature and Date continues on next page. ►►

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 _____, in the County of _____, subscribed and sworn to before me by the above-named Attorney-in-Fact 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 own free act and deed, on ____/____/____.

PRINT NOTARY NAME

NOTARY SEAL / STAMP

NOTARY SIGNATURE

DATE MM/DD/YYYY

SIGN

X

X

My commission expires ____/____/____.

Did you sign the form and attach any necessary documents?

Send the ENTIRE form and any attachments to Fidelity Investments.

Questions? Go to [Fidelity.com/poa](https://www.fidelity.com/poa) or call 800-544-6666.

Use the postage-paid envelope, drop off at a Fidelity Investor Center, OR deliver to:

Regular mail

Fidelity Investments
P.O. Box 770001
Cincinnati, OH 45277-0002

Overnight mail

Fidelity Investments
100 Crosby Parkway KC1K
Covington, KY 41015

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 595923.4.0 (11/16)