

# Fidelity Investments

## ✓ Instructions for Carrier Applications

\_\_\_ **Section 1: Personal Information.** Complete all required information.

\_\_\_ **Section 2: Investment of Contributions.** Choose the funds and allocate percentages to each fund. Make certain that the investment options filled out total 100%.

*Note: See Investment Performance Summary for a list of funds provided by each vendor at [www.hr.duke.edu/benefits/retirement/performance/index.php](http://www.hr.duke.edu/benefits/retirement/performance/index.php)*

\_\_\_ **Section 3: Beneficiary Information.**

\_\_\_ **Section 4: Spousal Consent**

\_\_\_ **Section 5: Your Signature**

*Please provide all information requested and fill out all appropriate sections.  
If you have any questions on completing this form, please contact  
Fidelity Investments at: 800-343-0860*

**Mail form to:**

**Fidelity Investments FBO of  
Duke University/Duke Health System  
P.O. Box 770002  
Cincinnati, OH 45277-0090**

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# Fidelity Investments

## 403(b) Custodial Account Application

### Duke University Retirement Plan 82205

#### 1. GENERAL INSTRUCTIONS

**Opening a new account:** Please complete this form and sign it on the back. You will receive written confirmation once your account is established. At that point you can submit a Savings Plan Contribution Form 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 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 8:00 A.M. to midnight ET, or visit us at [www.fidelity.com/atwork](http://www.fidelity.com/atwork).

#### 2. SELECTION OF INVESTMENT OPTIONS

In **whole percentages** please indicate how you wish to have your contributions allocated to the investment options available for investment under your plan. Please ensure that your allocations total 100%, for example, 50% for your first, 30% for your second, and 20% for your third fund choice. If your percentages do not add up to 100% or you select an unavailable investment option, your contribution will be invested in an investment option according to your plan rules.

If you would like to select more than four investment options, please write the fund code, fund name, and allocation percentage on a separate sheet of paper and attach it to your account application. The fund code can be found in your investment options brochure. If you do not complete Section 2 correctly, all or a portion of your contributions may be deposited in a default fund as determined by the 403(b) Custodial Account Agreement or by rules determined by the employer.

#### 3. DESIGNATING YOUR BENEFICIARY(IES)

**You are not limited to three primary and three contingent beneficiaries.** To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity.

**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.

#### 4. SPOUSAL CONSENT

**Spousal Consent:** If you are married, your plan requires that you designate your spouse as primary beneficiary for at least 50% of your vested account balance, payable in the form of a preretirement survivor annuity. If you are married and you do not designate your spouse as your primary beneficiary for your account balances as described above, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan.

**Age 35 Requirement:** Your spouse must be the primary beneficiary of your account as described above unless your spouse consents to a different primary beneficiary. If this designation occurs prior to the first day of the plan year in which you attain age 35, this designation is void on the earlier of (a) the first day of the plan year in which you attain age 35, or (b) the date of separation from service. When this designation is voided, your spouse will become the beneficiary for the amount described above. If you wish to designate a different primary beneficiary at that time you will need to complete a new Beneficiary Designation form.

#### 5. AUTHORIZATION

**Please provide your signature.**

Fidelity Investments Institutional Operations Company, Inc.



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# Fidelity Investments 403(b) Custodial Account Application

## 1. YOUR INFORMATION

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

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

First Name:

Last Name:

Street Address:

Address Line 2:

City:  State:

Zip:  Date of Hire: --

Daytime Phone: -- Evening Phone: --

Name of Employer:  Plan Number (if known):  8 2 2 0 5

I am:  Single OR  Married Name of Site/Division:

## 2. SELECTION OF INVESTMENT OPTIONS

Please check here if you are selecting more than four investment options.

Investment Options

Please use whole percentages

Fund Code:	Fund Name:	Percentage:
<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"/> %

Total: = 100%

Shareholders may be subject to certain short-term trading fees. Please consult the prospectus for further information.

### 3. DESIGNATING YOUR BENEFICIARY(IES)

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

#### 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 Trust Name:  Percentage:  %  
Date of Birth or Trust Date: -- Relationship to Applicant:  
 Spouse OR  Trust OR  Other
2. Individual or Trust Name:  Percentage:  %  
Date of Birth or Trust Date: -- Relationship to Applicant:  
 Spouse OR  Trust OR  Other
3. Individual or Trust Name:  Percentage:  %  
Date of Birth or Trust Date: -- Relationship to Applicant:  
 Spouse OR  Trust OR  Other

#### Contingent Beneficiary(ies)

If there is no primary beneficiary(ies) 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 Trust Name:  Percentage:  %  
Date of Birth or Trust Date: -- Relationship to Applicant:  
 Spouse OR  Trust OR  Other
  2. Individual or Trust Name:  Percentage:  %  
Date of Birth or Trust Date: -- Relationship to Applicant:  
 Spouse OR  Trust OR  Other
  3. Individual or Trust Name:  Percentage:  %  
Date of Birth or Trust Date: -- Relationship to Applicant:  
 Spouse OR  Trust OR  Other
- Total: = 100%

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



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#### 4. SPOUSAL CONSENT

As the spouse of the Participant named above, I understand that, under the terms of the Plan, my spouse's retirement benefits are to be paid to me in the form of Qualified Joint and Survivor Annuity (QJSA), unless I choose to give up that right. By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death; (2) that my spouse's waiver of the QJSA is not valid unless I consent to it; (3) that my consent is voluntary, (4) that my consent is irrevocable unless my spouse revokes the waive to the QJSA; and (5) that my consent (signature) must be witnessed by a notary public or a representative of the Plan.

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant turns 35 that my rights to receive the QJSA benefit as determined by the retirement plan provisions will be restored to me on the earlier of (a) the fist day of the plan year in which the participant attains age 35, or (b) the date the participant separates from service with the employer sponsoring the retirement Plan.

Signature of Participant's Spouse:

Date:

To be completed by a notary public or representative of the plan (if provided for under the terms of your employer's plan):

Sworn before me this day

In the State of

County of

Notary Public Signature:

*Notary stamp must be in the above box*

My Commission Expires:

Witnessed by Plan Representative:

Date:

#### 5. 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 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 understand that my Employer and Fidelity Management Trust Company have executed a Fidelity Investments Section 403(b)(7) Custodial Account Agreement (the "Program") and that an account under the Program has been established on my behalf.
- 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, distributions will be based on my employer's 403(b) plan.
- I recognize that although Fidelity Management Trust Company 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:

Date: