

Partnership Account Agreement

Please complete all sections. **Section 2** identifies those individuals authorized by your Partnership agreement to transact business on an existing Fidelity Account.® **Section 3** must be signed by all General Partners or all Partners authorized to establish the Account.

Please provide copies of those pages of the Partnership agreement that provide the official name of the Partnership and all signatures. We will review and store only the portions of the Partnership agreement containing the requested information. The undersigned certify that the attached pages of the Partnership agreement are true and valid copies of the legal document currently in effect.

If you have any questions, please call our Fidelity Account Assistance Line, which is available 24 hours a day, at **800-544-8666**. Send all appropriate forms in the enclosed envelope or mail to: Fidelity Investments, P.O. Box 770001, Cincinnati, OH 45277-0002.

1 CUSTOMER INFORMATION

Partnership name _____

Fidelity Account Number (if on file) _____

Business address (City, State, ZIP) Permanent street address is required—no P.O. boxes. _____

GOVERNMENT ID (FOREIGN BUSINESS ONLY) Please attach a photocopy _____

Type of document _____

Mailing address (if different from above) (City, State, ZIP) _____

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

Tax Identification Number _____

Daytime Phone _____

2 AUTHORIZED INDIVIDUALS

Please list those Partners authorized by agreement to transact business on behalf of the Partnership.

Each authorized individual named is fully authorized to open a brokerage account in the name of the business entity 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 entity as may be more fully described in the customer agreement.

Note: To add up to seven Authorized Individuals to this account, please duplicate all of Section 2 and complete for each additional Authorized Individual.

All fields in bold are required.

Full legal name _____ **Title** _____

E-mail address _____ **Date of birth (mm/dd/yyyy)** _____

Social Security number _____ or **Taxpayer ID number (required if the Partner is an entity)** _____

If you provided an e-mail 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 e-mail 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)



Permanent address

(no P.O. boxes)

Street

City

State

ZIP

Mailing address

(if different from above)

Street

City

State

ZIP

Phone numbers

Evening

Day

Ext.

Countries of citizenship

☐

U.S.

☐

Other(s)

Country of tax residence

☐

U.S.

☐

Other

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

☐

Non-permanent resident

☐

Non-resident

Check which type of document you are providing:

☐

U.S. driver's license

☐

DHS permanent resident alien card

☐

Passport with U.S. visa

☐

Employment Authorization Document

☐ Passport without U.S. visa*

*Bank name required

*Account number required

☐ Foreign national identity document*

*Bank address required

*Phone number required

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

☐ Check this box if you are associated with, or employed by, a stock exchange or a member firm of an exchange or FINRA, a municipal securities dealer, or Fidelity. If you checked the box, obtain and attach the compliance officer's letter of approval ("407 letter") and indicate the name and address of the entity with which you are associated below. Failure to include an approval letter may delay the processing of your request. We must tell the associated entity that you have applied for this account. An account approval letter is not required for Fidelity employees.

☐ Check here if your association is through your employer. (If you checked this box, you are not required to complete the information below.)

Associated entity name

Address

City

State

ZIP

☐ Check this box if you are a control person associated with either (a) another member, (b) a member organization, or (c) an immediate family/household member of a control person, or are associated with a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors).

Trading symbol

Company

ADDITIONAL AUTHORIZED INDIVIDUAL

Full legal name _____ Title _____

E-mail address _____ Date of birth (mm/dd/yyyy) _____

Social Security number _____ or Taxpayer ID number (required if the Partner is an entity) _____

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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)

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

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

Phone numbers Evening _____ Day _____ Ext. _____

 Countries of citizenship ☐ U.S. ☐ Other(s) _____ Country of tax residence ☐ U.S. ☐ Other _____

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 ☐ Non-permanent resident ☐ Non-resident
 Check which type of document you are providing: ☐ U.S. driver's license ☐ DHS permanent resident alien card
☐ Passport with U.S. visa ☐ Employment Authorization Document
☐ Passport without U.S. visa*

*Bank name required

*Account number required

☐ Foreign national identity document*

*Bank address required

*Phone number required

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

☐ Check this box if you are associated with, or employed by, a stock exchange or a member firm of an exchange or FINRA, a municipal securities dealer, or Fidelity. If you checked the box, obtain and attach the compliance officer's letter of approval ("407 letter") and indicate the name and address of the entity with which you are associated below. Failure to include an approval letter may delay the processing of your request. We must tell the associated entity that you have applied for this account. An account approval letter is not required for Fidelity employees.

2 AUTHORIZED INDIVIDUALS (CONTINUED)

- ☐ Check here if your association is through your employer. (If you checked this box, you are not required to complete the information below.)

Associated entity name _____

Address _____ City _____ State _____ ZIP _____

- ☐ Check this box if you are a control person associated with either (a) another member, (b) a member organization, or (c) an immediate family/household member of a control person, or are associated with a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors).

Trading symbol _____ Company _____

Please provide copies of those pages of the Partnership agreement that provide the official name of the Partnership and all signatures.

The undersigned jointly and severally agree that each of the persons named in this Section 2 shall have authority on behalf of the Partnership account ("Account") to buy, sell, trade, and otherwise deal in, through Fidelity Brokerage Services LLC ("FBS") as brokers, stocks, bonds, options, and any other securities, listed or unlisted on margin or otherwise (including short sales). The persons named in Section 2 shall also have the authority on behalf of the Account to receive on behalf of the Account demands, notices, confirmations, reports, statements of account, and communications of every kind; to receive and dispose of on behalf of the Account, money, securities, and property of every kind; to make, terminate, or modify on behalf of the Account agreements relating to any of the foregoing matters or waive any of the provisions thereof; and generally to deal with FBS on behalf of the Account as if the authorized individual maintained sole interest in the Account, without notice to the other(s) interested in the Account.

The undersigned further authorize FBS, in the event of death or retirement of any of the members of said Partnership, to take such proceedings, require such papers, retain such portion of, or restrict transactions in said Account as FBS may deem advisable to protect FBS against any liability, penalty, or loss under any present or future law or otherwise. It is further agreed that in the event of the death or retirement of any member of the said Partnership, the remaining members will immediately cause FBS to be notified of such fact.

Each of the undersigned has signed a Fidelity Customer Margin Agreement (if the Partnership wishes to use margin account privileges) and completed the respective Account Application, which are intended to cover, in addition to the provisions hereof, the terms upon which the Account is to be carried.

This authorization is in addition to, and in no way limits or restricts, any rights that FBS may have under any other agreement or agreements between FBS and the undersigned, or any of them, now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors, and assigns. This authorization is also a continuing one and shall remain in full force and effect until revoked by a written notice, addressed and delivered to FBS and signed by any _____ (indicate the number of partners required) partners.

3 SIGNATURE(S)

All General Partners, or all partners authorized to establish the Account, must sign below.

Any information I (we) give to FBS on this account agreement will be subject to verification, and I (we) authorize FBS to obtain a credit report or other financial responsibility report about me (us) at any time. Upon written request, FBS will provide the name and address of the credit reporting agency used.

PARTNER

Date

X

PARTNER

Date

X

PARTNER

Date

X

