

| Account Numb | er | | |
|--------------|----|--|--|
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Partial Delivery Account Transfer Request Nonretirement

Use this form to authorize Fidelity Brokerage Services LLC ("Fidelity") to initiate a partial delivery transfer of assets from your account at Fidelity to a Receiving Firm. You may need to contact the Receiving Firm to complete a transfer form for full delivery and/or retirement transfers. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

| Authorized agent/Adviso | r | | | |
|------------------------------------|---|----------------------------|----------|--|
| Firm Name | G Number | | G Number | |
| | | G | | |
| 1. Account In | formation | | | |
| Provide all information requested. | Account Name | | | |
| | Social Security/Taxpayer ID Number Required SSN TIN | | | |
| 2. Delivery In | Complete to have eligible securities transferred OUT of your Fidelity account. Select | the appropriate transfer t | type. | |
| Check one | If you do not select a transfer type, this request will default to a Non-Gift Transfer. Non-Gift Transfers | | | |
| Check one. | | | | |
| | ☐ Inheritance | | | |
| | ☐ Gift Transfers ☐ Donor to be Anonymous | | | |
| | Donor to be Anonymous | | | |
| | Receiving Firm Name | DTC Numb | er | |
| | | | | |
| | Receiving Account Name | Receiving Account Number | | |
| | | | | |
| | Recipient's Registration Type | | | |
| | | | | |

continued on next page

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2. Delivery Instructions continued

Enter specific share identification, if applicable. The client must provide the lot acquisition date and cost for specific share instructions on or before the date of this transfer request. To list more securities, include this information on an attached letter of instruction. Important: The letter of instruction must be signed and dated by the account owner on or before the date of the transfer request.

Enter one of the following values into the Choose Specific Disposal Method Override field(s) as applicable below. **FIFO:** First in, First out **HICO:** High cost in, First out

HICL: High cost in, First out, Long-term **HICS:** High cost in, First out, Short-term

LIFO: Last in, First out LOCL: Low cost in, Long-term LOCO: Low cost in, First out LOCS: Low cost in, Short-term

INFI: Intraday First in, First out Mutual Fund Account Number BIN Enter specific share CUSIP or Symbol Number of Shares/ALL information or enter another disposal method ALL in the Override field(s). Choose Specific Disposal Method Provide Lot information Lot Acquisition Date MM DD YYYY Lot Acquisition Cost OR Default to Account Level Mutual Fund Account Number CUSIP or Symbol Number of Shares/ALL ALL Lot Acquisition Date MM DD YYYY Lot Acquisition Cost Disposal Method Override to OR Default to Account Level Mutual Fund Account Number Number of Shares/ALL CUSIP or Symbol ALL Lot Acquisition Date MM DD YYYY Lot Acquisition Cost Override to OR Default to Account Level Mutual Fund Account Number Number of Shares/ALL CUSIP or Symbol ALL Method Lot Acquisition Date MM DD YYYY Lot Acquisition Cost Override to OR Default to Account Level

3. Direct Registration Shares

If you want to receive a physical certificate, you must contact your Transfer Agent after the shares have been transferred.

Provide the following information to have eligible securities transferred out of your Fidelity account.

| Receiving Account Name/Title | | | | |
|------------------------------|----------------|-----------------|------------------------|--|
| | | | | |
| Recipient's Physical Address | | | | |
| | | | | |
| City | State/Province | Zip/Postal Code | Social Security Number | |
| | | | | |

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4. Signature and Date Form cannot be processed without signature and date.

By signing this form, you:

- Authorize Fidelity Brokerage Services LLC ("Fidelity"), in accordance with the instructions above, to initiate a partial delivery transfer of assets from your account at Fidelity to the Receiving Firm named above. You agree to indemnify and hold harmless Fidelity and its affiliates and their respective officers, directors, employees, and agents from and against any and all losses, costs, claims, or financial obligations for acting upon the above instructions or if the information provided on this form to Fidelity it inaccurate, erroneous or fraudulent.
- Understand you must complete the Receiving Firm's transfer form for full delivery transfer requests and all retirement transfers. Any non-ACAT mutual fund transfer must include the receiving account number at the fund company. Transfers will be initiated within 24 hours. If the Receiving Firm is a National Securities Clearing Corporation (NSCC) ACAT participating member, the Receiving Firm will need to initiate the full account transfer request via the ACAT system.
- Understand you must provide the Corporate Resolution in addition to the appropriate signature(s) if applicable.

| Certify, if trustee, you have the power and |
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| authority under the trust agreement and |
| applicable law to enter into all transactions |
| sales, and redemptions of mutual funds, |
| and deliver any documents necessary to |
| open and maintain accounts on behalf of |
| the trust. |
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