University of Kentucky Voluntary 403(b) Plan # 93327
Enrollment Form and Beneficiary Designation

1. GENERAL INSTRUCTIONS

Opening a new account: Please complete this form and sign it on the back. Once your account is established, you can submit a Workplace Savings Plan Contribution Form (Salary Reduction Agreement) to your employer who can then forward contributions to your account. Please contact Fidelity, your employer, or your tax advisor to determine your maximum allowable contribution.

Moving assets from an existing plan: To consolidate/move money to your employer-sponsored retirement savings account, please complete the enclosed Transfer/Rollover/Exchange 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 to: **Fidelity Investments, PO Box 770002, Cincinnati, OH 45277-0090**

Transferring from an existing plan: If you are transferring assets to Fidelity and as a result establishing a new account, please complete a Transfer Form in addition to this Enrollment Form.

Rollover contribution (if allowed): To make a rollover contribution if allowed by your employer, please call Fidelity to request a Rollover Form and return it with this Enrollment Form and your check.

Questions? Call Fidelity Investments at **1-800-343-0860**, Monday through Friday, from 8:00 A.M. to midnight ET, excluding holidays that the New York Stock Exchange is closed, or visit us at **www.netbenefits.com/atwork**.

2. SELECTING YOUR 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.

3. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to two primary and two contingent beneficiaries. The beneficiaries designated on this form will apply to all the plans named in Section 1. 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 or your Human Resources department.

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 beneficiaries who survive you. If a percentage is indicated and a primary beneficiary does not survive you, the percentage of that beneficiary's designated share shall be divided among the surviving primary beneficiaries in proportion to the percentage selected for them.

4. AUTHORIZATION

Please provide your signature.

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1. YOUR INFORMATION

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

Social Security #: ___-___-____ OR U.S. Tax ID #: __-_______

Date of Birth: __-__-____ Date of Hire: __-__-____

First Name:

Last Name:

Mailing Address:

Address Line 2:

City: State:

Zip: _____-____

Daytime Phone: ___-___-____ Evening Phone: ___-___-____

E-mail Address:

Name of Employer:

Plan Numbers (if known): 9 3 3 2 7

Employer City/State: Lexington, KY

Employer Zip (if known): 40506

If Plan Number is not known—Please select the Employer Plan Types for which you are enrolling (select all that apply):

[x] 403(b) [ ] 401(a) [ ] 401(k) [ ] 457(b)

If the plan number is known and conflicts with a plan type selected, the plan number will dictate any type indicated herein.

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

2. SELECTING YOUR INVESTMENT OPTIONS

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

Investment Options Fund Code:	**Fund Name:**	**Please use whole percentages Percentage:**
		%
		%
		%
		%

Total = 100%

If you do not indicate which investment options you would like your contributions allocated to on this application, your allocations will be invested into the default fund for the University of Kentucky, which is the Fidelity Freedom® Index Fund- Institutional Premium Class, with the target retirement date closest to the year you might retire, based on your current age and assuming a retirement age of 65. at the direction of University of Kentucky.

3. DESIGNATING YOUR BENEFICIARY(IES)

☐ **Please check here if you have more than two primary or two contingent beneficiaries.**

The beneficiaries designated below shall apply to all the plan numbers named in Section 1. If you do no not list plan numbers, this designation will apply to all retirement plans of the employer named in Section 1, when Fidelity recordkeeps beneficiary designations.

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:

Social Security Number: OR U.S. Tax ID Number: Percentage: %

Date of Birth or Trust Date: Relationship to Applicant:

☐ Spouse **OR** ☐ Trust **OR** ☐ Other

2. Individual: OR Trust Name:

Social Security Number: OR U.S. Tax ID Number: Percentage: %

Date of Birth or Trust Date: Relationship to Applicant:

☐ Spouse **OR** ☐ Trust **OR** ☐ Other **Total = 100%**

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.

1. Individual: OR Trust Name:

Social Security Number: OR U.S. Tax ID Number: Percentage: %

Date of Birth or Trust Date: Relationship to Applicant:

☐ Spouse **OR** ☐ Trust **OR** ☐ Other

2. Individual: OR Trust Name:

Social Security Number: OR U.S. Tax ID Number: 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).

4. AUTHORIZATION AND SIGNATURE

To help the government fight money laundering and the funding of terrorism, federal law requires Fidelity to obtain your name, date of birth, address, and a government-issued ID number before opening your account. In certain circumstances, Fidelity may obtain and verify comparable information for you and any person authorized to make transactions in an account or beneficial owners of certain entities. Further documentation is required for certain entities, such as trusts, estates, corporations, partnerships, and other organizations. Your account may be restricted or closed if Fidelity cannot obtain and verify this information. Fidelity will not be responsible for any losses or damages (including but not limited to lost opportunities) that may result if your account is restricted or closed.

Individual Authorization:

By executing this form

- I certify under penalties of perjury that my Social Security or U.S. Tax Identification 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.
- If my account is established under a Fidelity Investments Section 403(b) Individual Custodial Account Agreement (the "Custodial Agreement"), I hereby adopt the Fidelity Investments Section 403(b)(7) Custodial Account ("The Program") and certify that I have received and read the Custodial Agreement. I acknowledge that the provisions of the Program shall be governed by the laws of the Commonwealth of Massachusetts. If my account is established under a Section 403(b) Group Custodial Agreement, I understand that my Employer and Fidelity Management Trust Company (FMTC) 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 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.
- 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, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, distributions will be made based on the provisions of the Plan.
- **I understand that my account may be subject to an annual maintenance and/or recordkeeping fee.**

Your Signature: X **Date:** □□-□□-□□□□

☐ Check this box if you are signing this form as an attorney-in-fact under a power of attorney.