

✓ Instructions for Carrier Applications

(NOTE: Each enrollment application will have a section for Personal Information, Investment Elections, Beneficiary Information and a place for Your Signature, however they may not be in the order expressed below).

___ **Section 1 – Personal Information**, please complete all required information.

___ **Section 2 – Investment of Contributions**, choose the funds and allocate percentages to each fund.

Note: See 403(b) Vendor Performance Summary (VPS) for a list of funds provided by each investment carrier.

___ **Section 3 – Beneficiary Information**, choose who you want to be your primary and contingent (secondary) beneficiary.

___ **Section 4 – Your signature.**

Make certain that the investment options on each application filled out totals 100%.

Please provide all information requested and fill out all appropriate sections of each form. If you have questions on completing any of these forms, please contact the appropriate investment carrier.

**Mail all forms to Benefits:
Benefits Administration/403(b) Plan
705 Broad Street
Box 90502
Durham, NC 27708**

Duke University Retirement Plans

Fidelity Investments

403(b) Account Application and Beneficiary Designation

1. GENERAL INSTRUCTIONS

Opening a new account: Please complete this form and sign it on the back. You may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity. You will receive written confirmation once your account is established. At that point you can submit a Salary Reduction Agreement 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.

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 Plan Hours, or visit us at 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.

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.

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 you to designate that your spouse receives 50% of your vested account balance in the form of a pre retirement survivor annuity. If you are married and you do not designate your spouse as your primary beneficiary for a portion of 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 beneficiary of 50% until the first plan year when you reach 35 or until a separation from service. If your spouse is not the beneficiary for at least this percentage, this beneficiary designation becomes null and void on (a) the first day of the plan year in which you reach age 35 or (b) the date of separation from service, whichever comes first, and your spouse must complete a new spousal consent on the Beneficiary Designation Form.

5. AUTHORIZATION

Please provide your signature.

Fidelity Investments Institutional Operations Company, Inc.



5VFITSAPS001I

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:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
				_____	Total: = 100%	

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:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%		
Date of Birth or Trust Date:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Applicant:				
		<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
				_____	Total: = 100%	

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

4. SPOUSAL CONSENT

I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me; (2) such beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

I acknowledge that if my spouse, the participant named in Section 1, is currently under 35 years of age, this beneficiary designation becomes ineffective on (a) the first day of the plan year in which he/she reaches age 35 or (b) the date of separation from service, whichever comes first, and that I must complete a new spousal consent in order for such beneficiary designation to become effective.

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:

--

As Plan Administrator, I acknowledge receipt of this form:

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 hereby adopt the Fidelity Investments 403(b)(7) Custodial Account ("The Program") and certify that I have received and read the Custodial Agreement for the Program.
- I acknowledge that the provisions of the Program shall be governed by the laws of the Commonwealth of Massachusetts.
- 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, my estate.
- 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:

--