

University of Kentucky Enrollment and Beneficiary Form – Plan #53020

Opening a new account: Please complete this enrollment form, including the beneficiary designation, and sign it on the back. You may revoke the beneficiary designation and designate a different beneficiary by submitting another 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.

Fees: Your account may be subject to an annual maintenance and/or recordkeeping fee, which will vary depending on your institution's plan size and requirements.

Return this form in the enclosed postage-paid envelope or to:

University of Kentucky Benefits, 112 Scovell Hall, Lexington, KY 40506-0064.

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, 8:00 a.m. – midnight ET..

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:

Daytime Phone: -- Evening Phone: --

Name of Employer Sponsoring the Plan: Plan Number: **5****3****0****2****0**

Parent Organization (or related association if applicable):

2. YOUR EMPLOYMENT INFORMATION

Name of Current Employer/Site/Division:

Address:

City: State: Zip:

Date of Hire: --

Your Occupation:



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3. SELECTION OF INVESTMENT OPTIONS

Please enter the percentage of contributions you wish allocated to the investment options you have selected from among those available under your qualified plan. The allocation must total 100%. Check with your employer as to which options are available for investment under your plan.

I would like all contributions to my qualified plan invested in the following investment options. (Please refer to each prospectus for the full name of each fund). If you would like different elections for your contribution sources (e.g., employer, voluntary), and your plan allows you to, you may call Fidelity at 1-800-343-0860 to make those investment elections.

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 Cash Reserves.

Investment Options

Please use whole percentages

Fund Code:	Fund Name:	Percentage:
<input style="width: 40px; height: 25px; border: 1px solid #ccc;" type="text"/>	<input style="width: 450px; height: 25px; border: 1px solid #ccc;"/>	<input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> <input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> %
<input style="width: 40px; height: 25px; border: 1px solid #ccc;" type="text"/>	<input style="width: 450px; height: 25px; border: 1px solid #ccc;"/>	<input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> <input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> %
<input style="width: 40px; height: 25px; border: 1px solid #ccc;" type="text"/>	<input style="width: 450px; height: 25px; border: 1px solid #ccc;"/>	<input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> <input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> %
<input style="width: 40px; height: 25px; border: 1px solid #ccc;" type="text"/>	<input style="width: 450px; height: 25px; border: 1px solid #ccc;"/>	<input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> <input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> %
<input style="width: 40px; height: 25px; border: 1px solid #ccc;" type="text"/>	<input style="width: 450px; height: 25px; border: 1px solid #ccc;"/>	<input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> <input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> %
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<input style="width: 40px; height: 25px; border: 1px solid #ccc;" type="text"/>	<input style="width: 450px; height: 25px; border: 1px solid #ccc;"/>	<input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> <input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> %
<input style="width: 40px; height: 25px; border: 1px solid #ccc;" type="text"/>	<input style="width: 450px; height: 25px; border: 1px solid #ccc;"/>	<input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> <input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> %
<input style="width: 40px; height: 25px; border: 1px solid #ccc;" type="text"/>	<input style="width: 450px; height: 25px; border: 1px solid #ccc;"/>	<input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> <input style="width: 30px; height: 25px; border: 1px solid #ccc;"/> %
		Total: = 100%

4. DESIGNATING YOUR BENEFICIARY(IES)

I am: Single **or** Married

If you are married and your plan is subject to the Employee Retirement Income Security Act (ERISA) (i.e., your employer is not a government unit or church) and you do not designate that your spouse receive an amount equal to at least 50% (or a higher percentage if so provided under your employer's plan) of your vested account balance in the form of a pre-retirement survivor annuity, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public or a representative of the plan. Please check with your employer about spousal consent and any additional beneficiary requirements specific to your plan.

If your plan is subject to ERISA or other spousal consent requirements, you are married, under 35 years of age, and you did not designate your spouse as your primary beneficiary, 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 you separate from service, whichever comes first, and your spouse must complete a new spousal consent on the Beneficiary Designation Form.

You are not limited to four primary and four contingent beneficiaries. To designate additional beneficiaries, please attach, sign, and date a separate piece of paper.

When designating beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name and address, the date the trust was created, and the trustee's name.

4. DESIGNATING YOUR BENEFICIARY(IES) – CONT.

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"/>	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"/>	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"/>	Relationship to Applicant:			
	<input type="checkbox"/> Spouse	OR	<input type="checkbox"/> Trust	OR	<input type="checkbox"/> Other
				Total: = 100%	

Unless otherwise specified by my plan, if more than one person is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary 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.

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"/>	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"/>	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"/>	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).

5. AUTHORIZATION AND SIGNATURES

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 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 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 understand that my account may be subject to an annual maintenance and/or recordkeeping fee.**
- 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 my employer's 403(b) plan.
- I am aware that the beneficiary information provided herein shall apply to all my Fidelity 403(b) accounts under the plan listed in Section 1 for which Fidelity Management Trust Company (or its affiliates and/or any successor appointed pursuant to the terms of such 403(b) Accounts, as applicable) acts as custodian, and shall replace all previous designation(s) I have made on any of my Accounts.
- 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 recognize that although FMTC 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:

As Plan Administrator, I acknowledge receipt of this form:

Date: