

**ACCOUNT APPLICATION
FIDELITY INVESTMENTS 403(b)(9) and/or 403(b)(7)
CUSTODIAL ACCOUNT(S)**

Instructions: Please complete this form if you are opening a new Fidelity 403(b)(9) and/or a 403(b)(7) account with Fidelity Investments. Return this form, unless otherwise instructed by your employer, to:

Evangelical Presbyterian Church, 17197 N. Laurel Park Drive, Suite 567, Livonia, MI 48152

If you have questions regarding how to fill out this form, please call Evangelical Presbyterian Church at (734) 742-2020, Monday-Friday, 9 a.m. to 5 p.m. (ET). Please contact your employer or tax advisor to determine your maximum allowable contribution. Once your account is established, you will receive a Letter of Acceptance from Fidelity. At this point, your employer may forward contributions to your Fidelity account.

Electronic users should tab to move between fields.

1. Your Information

Name _____

_____-_____-_____
Social Security Number

Street Address _____

City _____ State _____ Zip _____

Occupation _____

_____-_____-_____
Date of Birth (Month - Date - Year)

_____/_____-_____
Daytime Phone

_____/_____-_____
Evening Phone

Are you associated with a National Association of Securities Dealers member firm? (Select one) Yes No

2. Your Employer's Plan # 89560

Employer's Name _____

Name of Contact Person _____

_____-_____-_____
Date of Hire (Month-Date-Year)

_____/_____-_____
Employer Phone Number

Street Address _____

City _____ State _____ Zip _____

3. Selection of Investment Options

Use this section to indicate the **type** of assets you will be investing and the fund(s) in which you would like to invest.

Please Note:

- A. A **basic account** always contains asset contributions by your employer on your behalf.
- B. A **supplemental account** is one to which you contribute through salary reduction on a voluntary basis; it includes pre-tax contributions only.

Employer's Plan #89560.

A. BASIC ACCOUNT (Employer Contributions)	
Fund Name _____	Percentage _____
Fund Name _____	Percentage _____
Fund Name _____	Percentage _____
Fund Name _____	Percentage _____
Please use whole percentages	
Total = 100%	

B. SUPPLEMENTAL ACCOUNT (Voluntary/SRA/Salary Reduction/TSA/TDA)	
Fund Name _____	Percentage _____
Fund Name _____	Percentage _____
Fund Name _____	Percentage _____
Fund Name _____	Percentage _____
Please use whole percentages	
Total = 100%	

Plan # _____ (For Fidelity Use Only)

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4. Authorization and Signature

Individual Authorization: I acknowledge that the provisions of the Program shall be governed by the laws of the Commonwealth of Massachusetts. I have received and read the prospectus(es) for the fund(s) in which I am making my contributions and I hereby adopt the Fidelity Investments 403(b)(9) and/or 403(b)(7) Custodial Account Retirement Program. I have read the prospectus of any fund into which I invest and the Fidelity Investments 403(b)(9) and/or 403(b)(7) Custodial Agreement. I hereby certify under penalties of perjury that my Social Security Number (in Section 1) is correct. Although Fidelity Management Trust Company is a bank, I recognize that neither Fidelity Distributors Corporation nor any mutual fund in which my 403(b)(9) and/or 403(b)(7) account 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 I may designate a beneficiary for my plan assets, and that if I choose not to designate any beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, my estate.

Individual Signature

Date

Additional Information

Transfer from an Existing Plan

If you are opening an account by transfer from an existing tax-sheltered annuity or 403(b)(9) and/or 403(b)(7) custodial account, please complete the Fidelity Transfer Form and forward it with this application.

Rollover Contribution

If you are making a rollover contribution to your Fidelity Investments 403(b)(9) and/or 403(b)(7) custodial account or an existing tax-sheltered annuity, please complete the Fidelity Rollover Form and forward it with your application and your check.

These forms may be obtained by calling the EPC Benefits Administrator at 734/261-2001.



Evangelical Presbyterian Church

THE BOARD OF PENSION AND BENEFITS

17197 N. Laurel Park Drive, Ste 567, Livonia, MI 48152

(734) 742-2020

Fax (734) 742-2033

**BENEFICIARY DESIGNATION
FOR FIDELITY INVESTMENTS 403(b)(9) and/or 403(b)(7)
CUSTODIAL ACCOUNT(S)**

Instructions: Please complete this form if you are opening a new Fidelity 403(b)(9) and/or 403(b)(7) account and want to designate a beneficiary or if you want to change your existing beneficiary designation. You may revoke this form and designate a different beneficiary by completing and filing another beneficiary form with Fidelity. *Please return this form to:*

Evangelical Presbyterian Church, 17197 N. Laurel Park Drive, Suite 567, Livonia, MI 48152

If you have questions regarding how to fill out this form, please call Evangelical Presbyterian Church at (734) 742-2020, Monday-Friday, 9 a.m. to 5 p.m. (ET.)

(Select one)

I am:

- opening a new Fidelity Account(s).
 changing my existing beneficiary designation for my Fidelity Account(s).

1. Your Information

Name

- -
Social Security Number

Employer's Name

Employer's Plan #89560

The following applies if you have adopted the Fidelity 403(b)(9) and/or 403(b)(7) Custodial Account.

If you are married and you do not designate your spouse as your primary beneficiary for at least 50% of your account balance, your spouse must consent to this designation by signing the Spousal Consent section of this form in the presence of a witness.

2. Your Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my Fidelity Account(s) upon my death.

1. _____ %
Name Share*

Relationship

- -
Date of Birth (Month-Date-Year)

2. _____ %
Name Share*

Relationship

- -
Date of Birth (Month-Date-Year)

3. _____ %
Name Share*

Relationship

- -
Date of Birth (Month-Date-Year)

***Shares for your primary beneficiary(ies) must total 100%.
Please use whole numbers.**

If more than one person is named and no percentages are indicated, payment shall 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 Fidelity 403(b) Account(s) is to be distributed to my contingent beneficiary(ies) listed in Section 3.

Continued on other side

3. Your Contingent Beneficiary(ies)

1. _____ %
Name Share*

Relationship

____ - ____ - ____
Date of Birth (Month-Date-Year)

2. _____ %
Name Share*

Relationship

____ - ____ - ____
Date of Birth (Month-Date-Year)

3. _____ %
Name Share*

Relationship

____ - ____ - ____
Date of Birth (Month-Date-Year)

***Shares for your primary beneficiary(ies) must total 100%. Please use whole numbers.**

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Section 2 "Primary Beneficiary(ies)."

Note: If the beneficiary is a trust, please indicate the trust's name and address, the date of the trust and the trustee's name.

4. Spousal Consent

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

Signature of Participant's Spouse Date

Witness Title

5. Signature

I understand that if I choose not to designate any beneficiary(ies) or if I am not survived by any beneficiary, my beneficiary will be my surviving spouse, or, if I do not have a surviving spouse, my estate. I am aware that this form becomes effective when delivered to Fidelity and will remain in effect until I deliver to Fidelity another form with a later date. The beneficiary information provided herein shall apply to all my Fidelity Accounts as described above, for which Fidelity Management Trust Company or its affiliate and/or any successor appointed pursuant to the terms of such 403(b)(9) and/or 403(b)(7) account(s) acts as custodian and shall replace all previous designation(s) I have made on any of my Fidelity Accounts.

Your Signature Date



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