



Fidelity Advisor 529 Plan
Sponsored by the State of New Hampshire

Payroll Direct Deposit New Account

Use this application to establish a Fidelity Advisor 529 account through payroll direct deposit.
Type on screen or fill in using CAPITAL letters and black ink.

Helpful to Know

- If you are establishing a trust account, complete the FA 529 Plan Trustee Certification of Investment Authority form and provide a copy of the first page and all signature pages of trust agreement or provide a copy of the entire trust agreement.
- Your employer will deduct an after-tax amount, specified by you, to contribute to your Fidelity Advisor 529 Plan account(s) established with this application. The Fidelity Advisor 529 Plan Payroll Direct Deposit Employee form must be completed and provided to your employer to begin this payroll direct deposit. Up to 3 Beneficiaries can be included, and information provided in Sections 1, 3, 4, 7, 8, 9, and 10 will apply to all accounts. Any modifications to these sections that don't apply to all Beneficiaries require separate applications.
- If making an investment in addition to your systematic contribution, you must also complete a Fidelity Advisor 529 Rollover form if that additional investment is a rollover from a Coverdell education savings account, a qualified U.S. Savings Bond, or another 529 plan.
- In order to establish Payroll Direct Deposit, the Taxpayer Identification Number of the Employee and the Participant must match.

1. Participant Information *All fields required.*

Must be an individual or trust, not a corporation or joint account holder.

†Attach a copy of a valid government-issued photo ID, e.g., driver's license.

You must provide an email address and mobile phone number to be used to verify and/or authorize transactions.

☐ Individual 529 Plan ☐ Trust 529 Plan

First Name		M.I.	Last Name	
SSN/TIN <i>required</i>		Date of Birth <i>MM DD YYYY</i> †	Driver's License Number†	State of Issuance
<input type="checkbox"/> SSN <input type="checkbox"/> TIN				
Mobile Phone Number <i>Used as your primary phone</i>		Email Address*		
Trust Name <i>if applicable</i>		Trust Date <i>MM DD YYYY</i>		

* See Electronic Delivery section for more details.

† Must be at least 18 years old.

Participant Citizenship*

☐ U.S. Citizen ☐ U.S. Resident Alien

* Nonresident Aliens are not eligible to participate in the program.

Mailing Address

Street Address		Apartment	
City	State	Zip/Postal Code	

U.S. Residential Address ☐ Check if same as above

Street Address		Apartment	
City	State	Zip/Postal Code	

For P.O. Box mailing addresses, complete U.S. Residential Address section.

2. Electronic Delivery

IMPORTANT: By signing this account application, you are consenting to receive all account-related communications electronically. You agree that Fidelity may use your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. To manage your delivery preferences, log into accounts.fidelity.com and select the eDelivery settings in your Overview section.

To confirm your consent, please respond to the electronic message which Fidelity will email to you.

Note:

- Your delivery preferences are applied across all eligible Fidelity accounts owned by you based upon your most recent election. If you have already consented to electronic delivery, your election will not change.
- The email address provided should not be your Authorized agent/ Representative's email address.
- This email address will replace any existing email address already on our system.

3. Employer Information

Company Name		
Street Address		Suite
City	State	Zip/Postal Code

4. Financial Representative Information

You are required to appoint a Financial Representative as your agent for your Fidelity Advisor 529 Plan Account(s) to execute investment and other instructions made by you or on your behalf. To be completed by your Financial Representative.

Firm Name			
Firm Number	Branch Number	Representative Number	
Representative First Name	M.I.	Representative Last Name	
Branch Mailing Address			Suite
City	State	Zip/Postal Code	
Phone	Representative Email Address		
Representative Assistant First Name	M.I.	Representative Assistant Last Name	Representative Assistant Phone

Complete this section if Fidelity should contact your representative assistant with questions about this application.

5. Investment Options

Minimum investment required for each Portfolio is \$50 per month or \$150 per quarter.

Make Portfolio selections in Section 6 for each Beneficiary.

Age-Based Portfolios	Class P Pool Number	Class I*
FA 529 Portfolio 2042	6970	6969
FA 529 Portfolio 2039	6032	6033
FA 529 Portfolio 2037	3061	3395
FA 529 Portfolio 2034	2731	3394
FA 529 Portfolio 2031	2392	3389
FA 529 Portfolio 2028	2129	3388
FA 529 Portfolio 2025	1543	3387
FA 529 College Portfolio	1061	3369

continued on next page

5. Investment Options *continued*

Minimum investment
required for each Portfolio
is \$50 per month
or \$150 per quarter.
Make Portfolio selections
in Section 6 for each
Beneficiary.

Static Allocation Portfolios	Class P Pool Number	Class I*
FA 529 Aggressive Growth Portfolio	1063	3371
FA 529 Moderate Growth Portfolio	1062	3370
Individual Fund Portfolios	Class P Pool Number	Class I*
FA 529 Asset Manager 60% Portfolio	2515	3392
FA 529 Diversified International Portfolio	1064	3373
FA 529 Dividend Growth Portfolio	1067	3376
FA 529 Equity Dividend Income Portfolio	1066	3375
FA 529 Equity Growth Portfolio	1065	3374
FA 529 Growth Opportunities Portfolio	2518	3393
FA 529 High Income Portfolio	1072	3380
FA 529 Inflation-Protected Bond Portfolio	1177	3383
FA 529 Limited Term Bond Portfolio	1073	3381
FA 529 New Insights Portfolio	1551	3386
FA 529 Small Cap Portfolio	1069	3378
FA 529 Stable Value Portfolio	6562	6561
FA 529 Stock Selector Mid Cap Portfolio	1068	3377
FA 529 Strategic Dividend & Income Portfolio	2512	3391
FA 529 Strategic Income Portfolio	1556	3385
FA 529 Sustainable Multi-Asset Portfolio	6897	6896
FA 529 Total Bond Portfolio	2509	3390
FA 529 Value Strategies Portfolio	1071	3379

* Class I Units are available to purchase through a broker dealer, registered investment adviser, trust institution, or a bank department that charges an asset-based or management fee and has elected to make Class I Units available for purchase to their clients. Check with your representative to determine if Class I Units are available for purchase through your representative's firm. Class I Units are the only share class available to purchase through a registered investment adviser. If your financial representative is a registered investment adviser and a share class other than Class I is selected, Fidelity will default your investment choice to Class I of the pool indicated.

6. Beneficiaries

Beneficiary 1 Initial Investment

Citizenship (Nonresident Aliens may not be designated as Beneficiaries): ☐ U.S. Citizen ☐ U.S. Resident Alien

First Name	M.I.	Last Name
<div>SSN required</div> <div></div>		
<div>Date of Birth MM DD YYYY</div> <div></div>		<div>% of Direct Deposit</div> <div></div>

Relationship to Participant: ☐ Child ☐ Grandchild ☐ Relative ☐ Other

Street Address		Apartment
City		State
		Zip/Postal Code

Complete address section
if Beneficiary's address
does not match the
Participant's address
in Section 1.

Until changed, all future
529 Plan contributions
will be invested according
to the investment
instructions detailed in
this section.

Pool Number 1	Percentage Allocation 1	Pool Number 2	Percentage Allocation 2
	%		%
Pool Number 3	Percentage Allocation 3	Pool Number 4	Percentage Allocation 4
	%		%

continued on next page

6. Beneficiaries *continued*

Beneficiary 2 Initial Investment

Citizenship (Nonresident Aliens may not be designated as Beneficiaries): ☐ U.S. Citizen ☐ U.S. Resident Alien

First Name	M.I.	Last Name
SSN <i>required</i>	Date of Birth <i>MM DD YYYY</i>	% of Direct Deposit

Relationship to Participant: ☐ Child ☐ Grandchild ☐ Relative ☐ Other

Street Address	Apartment	
City	State	Zip/Postal Code

Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section.

Pool Number 1	Percentage Allocation 1	Pool Number 2	Percentage Allocation 2
Pool Number 3	Percentage Allocation 3	Pool Number 4	Percentage Allocation 4

Beneficiary 3 Initial Investment

Citizenship (Nonresident Aliens may not be designated as Beneficiaries): ☐ U.S. Citizen ☐ U.S. Resident Alien

First Name	M.I.	Last Name
SSN <i>required</i>	Date of Birth <i>MM DD YYYY</i>	% of Direct Deposit

Relationship to Participant: ☐ Child ☐ Grandchild ☐ Relative ☐ Other

Street Address	Apartment	
City	State	Zip/Postal Code

Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section.

Pool Number 1	Percentage Allocation 1	Pool Number 2	Percentage Allocation 2
Pool Number 3	Percentage Allocation 3	Pool Number 4	Percentage Allocation 4

7. Successor Participant Designation

Must be an individual or trust, not a corporation or joint account.

A Successor Participant must be at least 18 years of age and a U.S. resident.

Custodial accounts (UGMA/UTMA 529 Plan) and trusts are not eligible to add a Successor Participant.

I hereby designate the person named below as Successor Participant to receive the assets remaining in the account(s) listed in Section 1 upon my death.

By adding an individual as a Successor Participant you are not granting them trading authority. To authorize trading or inquiry access, you must complete the 529 College Savings Plan Trading Authorization and Indemnification form.

First Name	M.I.	Last Name	Suffix
SSN or TIN required	Trust Name if applicable		Date of Birth/Date of Trust MM DD YYYY

Relationship to Participant: ☐ Spouse ☐ Other

8. Contingent Successor Participant Designation *optional*

Must be an individual or trust, not a corporation or joint account.

A Contingent Successor Participant must be at least 18 years of age and a U.S. resident.

Custodial accounts (UGMA/UTMA 529 Plan) and trusts are not eligible to add a Contingent Successor Participant.

I hereby designate the person named below as Contingent Successor Participant to receive the assets remaining in the account(s) listed in Section 1 upon both my death and that of the Successor Participant.

First Name	M.I.	Last Name	Suffix
SSN or TIN required	Trust Name if applicable		Date of Birth/Date of Trust MM DD YYYY

Relationship to Participant: ☐ Spouse ☐ Other

9. Reduced Sales Charge

Should you and/or your spouse have other investments in Fidelity Advisor 529 Plan Accounts or Fidelity Advisor Funds,® you may qualify for a reduced sales charge on purchases of Class A units.

Refer to the Offering Statement for details.

Applicable account numbers are as follows:

Rights of Accumulation

Account Number	Applicable SSN/TIN	BIN
Account Number	Applicable SSN/TIN	BIN



10. Signatures and Dates *Form cannot be processed without signatures and dates.*



Participants must READ this section, the Offering Statement, and the Participation Agreement. SIGN this section in ink.

Participation Agreement Acknowledgement
<ul style="list-style-type: none">• By signing below, I agree to participate in the Fidelity Advisor 529 Plan. I acknowledge that I have read, understood, and agree to the terms and conditions set forth in the Participation Agreement.• I understand that the Participation Agreement and its enforcement shall be governed by the laws of the State of New Hampshire and is not subject to arbitration. It shall cover individually and collectively all accounts which the undersigned may hold under the Trust. It shall inure to the benefit of the Trust's successors and assigns, and the Participation Agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.
Authorization of Fidelity and Financial Advisor
<ul style="list-style-type: none">• I hereby authorize Fidelity Investments Institutional Operations Company LLC (FIIOC) to accept instructions from both me or a representative of my intermediary firm, for transactions that result in funds being electronically transferred between my Fidelity account and my bank account.

- I understand that it is my responsibility to read the Offering Statement. I have read, understood, and agree to the terms and conditions set forth in the separate Offering Statement as is currently in effect and as may be amended from time to time.
- By signing below, I understand that Fidelity will treat all contributions to my account as nonrollover contributions until such time as Fidelity receives a completed Fidelity Advisor 529 Plan Rollover form or such other documentation as Fidelity deems adequate and acceptable. If the contributions are rollover contributions from a Coverdell education savings account, qualified U.S. Savings Bond, or another 529 program, Fidelity will treat the entire amount of all contributions as earnings in the 529 plan account receiving the distribution until such time as Fidelity receives the appropriate additional documentation as specified on the Fidelity Advisor 529 Plan Rollover form.

- I am solely responsible for monitoring contributions to my Fidelity Advisor 529 Plan account(s) pursuant to a payroll direct deposit agreement with my employer. I agree that Fidelity Investments and Fidelity Advisor 529 Plan have no duty or obligation to monitor or question changes to, or termination of, payroll direct deposit contributions to my Fidelity Advisor 529 Plan account(s). I hereby acknowledge that my employer may cease offering payroll direct deposit at any time without notice.
- I am of legal age, I have received and read the Offering Statement and Participant Agreement, and I agree to their terms. By signing below, I understand that all of the above items (if applicable) will apply to units of Fidelity Advisor 529 Plan Portfolios into which my units may be exchanged or accounts to which my units may be transferred. I have authorized the Firm identified in Section 4 of this application to act as my agent to execute instructions made by me or on my behalf. I understand that by signing below I hereby ratify any instructions, given by me or the Firm identified in Section 4 of this application, including, without limitation, telephone or electronic instructions, given on this account relating to the above items and agree that neither Fidelity Advisor 529 Plan nor FIIOC will be liable for any loss, cost, or expense for acting upon such instructions (by telephone, in writing, or electronically) believed to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions.
- By signing this application the undersigned Trustee(s) certify(ies) that the provided trust agreement or other organizational documents (or excerpts thereof) are true copies of the legal documents that are currently and validly in effect.
- I understand that all the information I have provided in this application, all the terms and conditions to which I have consented, and the certifications contained herein are true and accurate, and will apply to any new Portfolio(s) in which I invest.
- I understand that neither the Portfolio(s) nor Fidelity Distributors Company LLC is a bank, and Portfolio(s) are not backed or guaranteed by any bank or insured by the FDIC.
- I hereby agree that my Employer may terminate this payroll direct deposit agreement at any time with respect to amounts not deducted from my pay at the time of termination or if my employer decides to eliminate this feature to employees.
- I understand that my contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my contribution will continue in effect until I change or revoke it or terminate my employment.
- Portfolio units are not deposits or obligations of, or guaranteed by, any depository institution. Units are not insured by the FDIC, the Federal Reserve Board, or any other agency, and are subject to investment risks, including possible loss of principal amount invested.
- **I certify under penalties of perjury that: I am a U.S. person (including a U.S. resident alien) and the Social Security or Taxpayer Identification Number provided is correct.**
- Your account balance and certain uncashed checks issued from your account may be transferred to a state unclaimed property administrator if no activity occurs in the account or the check remains outstanding within the time period specified by the applicable state law.
- FIIOC has the authority to accept orders and other instructions relative to the account(s) identified herein from those individuals or entities (the trustee(s), as applicable) listed in Section 1. The trustee(s) may execute any documents on behalf of the trust account that FIIOC may require. By signing this form, the trustee(s) hereby certify(ies) that FIIOC is authorized to follow the instructions of any trustee(s) listed in Section 1 and to deliver funds or other assets in the account to any such trustee(s) or on any such trustee's instructions, including delivering assets to such trustee(s) personally. FIIOC, in its sole discretion and for its sole protection, may require the written consent of any or all trustee(s) prior to acting upon the instructions of any trustee(s).

Print Account Owner/Custodian/Trustee Name First, M.I., Last (required)	
Account Owner/Custodian/Trustee Signature* (required)	Date MM - DD - YYYY
SIGN 	

Print Additional Trustee Name First, M.I., Last	
Additional Trustee Signature*	Date MM - DD - YYYY
SIGN 	



Did you sign the form, and attach any necessary documents? Send the form and any necessary documents to Fidelity.

UPLOAD THROUGH WEB

FAX

MAIL

Log into Accounts.*Fidelity.com*

888-321-7349

**Fidelity Advisor 529 Plan
Fidelity Investments Institutional
Operations Company LLC (FIIOC)**

**Instructions for
Shareholders:**

1. Under "Manage Accounts, Other Services," go to the "Upload Documents" link.
2. Follow instructions on the web portal and click "UPLOAD DOCUMENTS."

**Instructions for Financial
Representatives:**

1. Under "Quick Links" on the landing page, go to the "Upload Documents" link.
2. Follow instructions on the web portal and click "UPLOAD DOCUMENTS."

Regular: P.O. Box 770002,
Cincinnati, OH 45277-0082

Overnight: 100 Crosby Parkway, KC1G,
Covington, KY 41015

IMPORTANT: If an original signature guarantee or notary is required, this form must be mailed.

Questions? For help completing this form, call 800-522-7297 (Financial Representatives) or 877-208-0098 (Shareholders), or visit *accounts.fidelity.com*.

To help the government fight financial crimes, Federal regulation requires Fidelity to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, Fidelity may obtain and verify comparable information for any person authorized to make transactions in an account. Also, Federal regulation requires Fidelity to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. 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.

Fidelity Advisor 529 Plan is offered by the State of New Hampshire and managed by Fidelity Investments.

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Fidelity Investments Institutional Operations Company LLC
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529 College Savings Plan

Employer Information

Use this form to establish or modify your payroll direct deposit information or checking account withdrawal with Fidelity Investments. Your payroll direct deposit will be an after-tax investment.

Type on screen or fill in using CAPITAL letters and black ink.

1. Employer Information

Company Name		Total Number of Employees in Company	
Company Contact Name First, M.I., Last			
Company Mailing Address		Suite	
City	State	Zip/Postal Code	
Contact Daytime Phone	Extension	Contact Fax	

2. Financial Representative Information

You are required to appoint a Financial Representative as agent for you on your 529 College Savings Plan account(s) to execute investment and other instructions made by you or on your behalf. To be completed by your Financial Representative.

Dealer Number	Branch Number	Dealer Name	
Representative Number		Representative Name First, M.I., Last	
Branch Mailing Address		Suite	
City	State	Zip/Postal Code	
Daytime Phone	Fax	Email Address	

3. Contribution Method

- Check one. ☐ Payroll Direct Deposit (from employee paycheck)
- ☐ Checking Account Withdrawal (from employee checking account)

4. Employer Payroll Information

**For Payroll Direct
Deposit only.**

Does your company use an outside payroll service?

☐ Yes

☐ No – Internal

Does your payroll system currently support direct deposit?

☐ Yes

☐ No

Does your payroll system have multiple direct deposit slots?

☐ Yes

☐ No

Payroll Provider or Internal Payroll Contact		Target Date for 1st Payroll Direct Deposit MM DD YYYY	
Payroll Phone	Payroll Email Address		

5. Signature and Date *Form cannot be processed without signature and date.*

*Person must be
authorized to sign
on behalf of company
listed in Section 1.*

- I certify that the information contained herein is correct.
- Fidelity authorizes and I agree that the Employer or its agent will submit all payroll direct deposit amounts via the Automated Clearing House (ACH) system through credit entries to an account designated by FIIOC. I further acknowledge that if the Employer or its agent does not

comply with the ACH rules and any additional procedures and/or instructions regarding this process, employee purchases may not be accepted and/or timely processed.

- I hereby ratify any instructions given pursuant to this authorization and agree to indemnify and hold FIIOC harmless from any loss, liability, cost, or expense that may arise from FIIOC acting upon the

company or its agent's instructions. FIIOC is not responsible for the timing, amount, purpose, or propriety of any 529 College Savings Plan contributions. I hereby agree to indemnify and hold FIIOC harmless for any loss, liability, cost, or expense arising out of insufficient funds in the bank account provided.

Print Authorized Individual Name <i>First, M.I., Last</i>	Title
Authorized Individual Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Did you print and sign the form, and attach any necessary documents? Send the form and any necessary documents to Fidelity.

Questions? For help completing this form, call Fidelity at 800-522-7297 (Financial Representatives) or 877-208-0098 (Shareholders) any day the New York Stock Exchange is open, or visit i.fidelity.com.

Regular mail

Fidelity Investments Institutional
Operations Company LLC (FIIOC)
P.O. Box 770002
Cincinnati, OH 45277-0082

Overnight mail

Fidelity Investments Institutional
Operations Company LLC (FIIOC)
100 Crosby Parkway, KC1G
Covington, KY 41015

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Fidelity Investments Institutional Operations Company LLC
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529 College Savings Plan
Workplace Savings Program

Payroll Direct Deposit Employee Agreement

Use this form to establish or modify your payroll direct deposit agreement with your employer.
Your payroll direct deposit will be an after-tax investment.

Type on screen or print out and fill in using CAPITAL letters and black ink.

1. Employee

Name First, M.I., Last	SSN required

2. Payroll Deduction Agreement

Employee and Employer both agree that the Employer will deduct the following amount each pay period and contribute it to the Employee's 529 College Savings Plan Account.

Amount
\$, .

3. Signatures and Dates *Form cannot be processed without signatures and dates.*

- The payroll direct deposit amount may be modified by the Employee at any time by completing a new Payroll Direct Deposit Employee Form. The Employer shall make any requested modification as soon as it can reasonably be processed. The Employer may terminate this Agreement at any time with respect to amounts not deducted from the Employee's pay at the time of termination.
- I understand that my contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my contribution will continue in effect until I change or revoke it or terminate my employment. Fidelity Investments will not be liable for any loss, liability, cost, or expense incurred as a result of an error made by the Employer's payroll department or processing bank.

Print Employee Name First, M.I., Last		Print Employer Name	
Employee Signature	Date MM DD YYYY	Employer Signature	Date MM DD YYYY
SIGN ▶	▶	SIGN ▶	▶

Return this form to your employer.

The trademarks and service marks appearing herein are the property of FMR LLC.

Fidelity Investments Institutional Operations Company LLC
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