

California Privacy Rights Act Request Form— Authorized Agent

The California Consumer Privacy Act of 2018 ("CCPA"), as amended by the California Privacy Rights Act of 2020 ("CPRA"), allows a California resident to make certain requests ("CPRA requests") to a business regarding the personal information that the business maintains about the resident. You can use this form to grant another person or business (the "Authorized Agent") the authority to submit a CPRA request on your behalf.

Helpful to Know

- Complete this form and include it with your CPRA request. Please visit the California Privacy Rights Request page at https://communications.fidelity.com/consumer -privacy/california/ for instructions on how to submit a CPRA request.
- Communications regarding your CPRA request will be sent to you and will not be sent to the Authorized Agent.
- Both your and your Authorized Agent's signature
 MUST be notarized. If the notary charges you a fee and
 specifies the amount of the fee in the areas for the notary
 signatures, we will reimburse you for the fee.

1. Your Information Required

	First Name	Middle Nan	ne	Last Name			
	Residential Street Address						
address is where you live. It cannot be a							
PO Box or mail drop.	City				State	ZIP Code	
	Primary Phone		Email				

2. Authorized Agent Information Required

Check one.	☐ Authorized Agent is an individual.					
	☐ Authorized Agent is a business.					
	First Name	Middle Name	Last Name			
If the Authorized Agent	If the Authorized Agent ▶ Business Name					
is a business, provide the business name and address.						
	Relationship to California Resident					
This is the legal	Authorized Agent Street Address					
address used for tax reporting. It cannot be						
a PO Box or mail drop.	City			State	ZIP Code	
,						

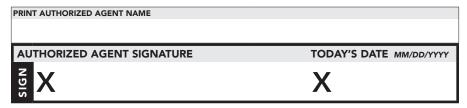
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3. Authorized Agent Signature and Date A notarized signature is required.

By signing below, you certify under penalties of perjury that:

- You consent to the appointment as an Authorized Agent for the California resident identified in Section 1 for the purpose of submitting CPRA requests on his or her behalf.
- The information provided herein is true, correct, and complete.



Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

Notice to CA Residents: A Notary Public or other officer co individual who signed the document to which this certificate that document.				
Certificate of Acknowledgment of Notary Public Must be a U.S. notary. Foreign notary or consular seals may NOT be substituted.				
State of California, County of, subscribed and sworn to (or affirmed) before me on this				
day of, 20, by		proved to me on the basis of satisfactory		
evidence to be the person who appeared before me.				
PRINT NOTARY NAME		▼ NOTARY SEAL/STAMP ▼		
NOTARY SIGNATURE	DATE MM/DD/YYYY			
X	X			
My commission expires on/		-		
Amount of notary fee paid to me (if applicable) \$				

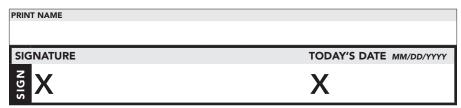
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4. Signature and Date of California Resident A notarized signature is required.

By signing below, you certify under penalties of perjury that:

- You are designating the person or business identified in Section 2 to submit CPRA requests on your behalf.
- You are a resident of the state of California.
- The information provided herein is true, correct, and complete.



Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

Notice to CA Residents: A Notary Public or other of individual who signed the document to which this central document.	fficer completing this certificate rtificate is attached, and not the	e verifies only the identity of the ne truthfulness, accuracy, or validity of	
Certificate of Acknowledgment of Notary Public	Must be a U.S. notary. Foreign notary o	r consular seals may NOT be substituted.	
State of California, County of	, subscribed and sworn to (or affirmed) before me on this		
day of, 20, by	, ŗ	proved to me on the basis of satisfactory	
evidence to be the person who appeared before me.			
PRINT NOTARY NAME		▼ NOTARY SEAL/STAMP ▼	
NOTARY SIGNATURE	DATE MM/DD/YYYY		
ξ X	X		
My commission expires on/			
Amount of notary fee paid to me (if applicable) \$	·		

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates, Fidelity Workplace Services LLC and its affiliates, and National Financial Services LLC. Brokerage services are provided by Fidelity Brokerage Services LLC or National Financial Services LLC, Members NYSE, SIPC. 1.9897818.102—900086.3.0 (12/22)

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