

Washington State Institution of Higher Education Retirement Plan Account Application

Fidelity Investments 403(b) Custodial Account

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 your 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 a.m. to midnight Eastern time, or visit us at www.fidelity.com/atwork.

2. SELECTING YOUR 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 two primary and two 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, include the trust's name and the date the trust was created.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to your primary beneficiaries who survive 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 beneficiaries 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 preretirement 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.

5. AUTHORIZATION

Please provide your signature.

Fidelity Investments Institutional Operations Company, Inc.



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1. YOUR INFORMATION

Please use a **black** pen and print clearly in CAPITAL LETTERS.

Social Security #: - - Date of Birth: - -

First Name:

Last Name:

Mailing Address:

Address Line 2:

City: State:

Zip: -

Daytime Phone: - - Evening Phone: - -

E-mail:

Name of Employer: City/State of Employer:

Central Washington Univ. Plan:

Western Washington Univ. Plan:

I am: Single OR Married

2. SELECTING YOUR INVESTMENT OPTIONS

Please check here if you are selecting more than four investment options.

Investment Options	Please use whole percentages	
Fund Code:	Fund Name:	Percentage:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> %
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> %
		Total = 100%

3. DESIGNATING YOUR BENEFICIARY(IES)

Please check here if you have more than two primary or two 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"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other	
2. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<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 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"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other	
2. Individual:	OR	Trust Name:	
<input type="text"/>		<input type="text"/>	
Social Security Number:	OR	Tax ID Number:	Percentage:
<input type="text"/>		<input type="text"/>	<input type="text"/> %
Date of Birth or Trust Date:		Relationship to Applicant:	
<input type="text"/>		<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).



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4. SPOUSAL CONSENT

I am the spouse of the participant named in Section 1. By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death; (2) that my spouse's waiver is not valid unless I consent to it; (3) that my consent is voluntary; (4) that my consent is irrevocable unless my spouse completes a new Beneficiary Designation; and (5) that my consent (signature) must be witnessed by a notary public or if allowed by the plan, a plan representative.

Signature of Participant's Spouse:

Date:

X

□□-□□-□□□□

To be completed by a notary public:

Sworn before me this day □□-□□-□□□□

In the State of □□ County of □□□□

Notary Public Signature:

X

Notary stamp must be in the above box

My Commission Expires:

Notary stamp must be in the above box

□□-□□-□□□□

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 Fidelity Management Trust Company ("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 understand that my account may be subject to an annual maintenance and/or recordkeeping fee.**
- 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:

X

Date:

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