Instructions for enrolling with Fidelity Investments

Complete the following sections and mail your form to the address provided below.

☐ Section 1: Your Information – Complete all required information

☐ Section 2: Employment Information

☐ Section 3: Investment Options – Select your investment options and allocate percentages to each investment option. Allocations must total 100%. If no investment options are selected, your contributions will be invested in the target retirement fund that most closely aligns to your date of birth.

Please review the Investment Performance and Fee Disclosure Summary information before making your investment selections. Detailed information about the investments offered in the plan can be found at: www.hr.duke.edu/benefits/retirement/performance/index.php

☐ Section 4: Designate your Beneficiary(ies)

☐ Section 5: Authorization and Signature

If you have any questions completing this form, please contact the Fidelity Retirement Service Center at (800) 343-0860.

Mail form to:
Fidelity Investments FBO of Duke University/Duke Health System
P.O. Box 770002
Cincinnati, OH 45277-0090
The Duke University
457(b) Deferred Compensation Plan (#71260)

Opening a new account: Please complete this enrollment form, including beneficiary designation, and sign it on the back. 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. You may revoke the beneficiary designation and designate a different beneficiary by submitting another Beneficiary Designation Form to Fidelity. Please contact your employer or tax advisor to determine your maximum allowable contribution.

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 processing requirements.

Unless otherwise instructed by your employer, return this form in the postage-paid envelope or to

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090.

Transferring from an existing plan (if allowed): 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 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 from 8:00 a.m. to 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 (if known): 7 1 2 6 0

2. YOUR EMPLOYMENT INFORMATION

Name of Current Employer/Site/Division: 

Address: 

City: State: Zip: 

Date of Hire: 

Your Occupation: 

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090.
### 3. SELECTION OF INVESTMENT OPTIONS

I am establishing a(n) (check all that apply):

- [ ] Voluntary (SRA/Salary Reduction) — represents pretax contributions you make through salary reduction on a voluntary basis.
- [ ] Employer — represents assets contributed by your employer to your account on your behalf.

I would like all contributions to my 457 account invested in the following investment options *(please refer to each prospectus for the full name of each investment option):*

<table>
<thead>
<tr>
<th>Investment Options</th>
<th>Please use whole percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Code:</td>
<td>Fund Name:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total: = 100%**

### 4. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to three primary and three 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.

- Please check here if you have more than three primary or 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:** 
   - Percentage: [ ] [ ] [ ] %
   - Date of Birth or Trust Date: 
   - Relationship to Applicant:
     - [ ] Spouse OR [ ] Trust OR [ ] Other

2. **Individual or Trust Name:** 
   - Percentage: [ ] [ ] %
   - Date of Birth or Trust Date: 
   - Relationship to Applicant:
     - [ ] Spouse OR [ ] Trust OR [ ] Other

3. **Individual or Trust Name:** 
   - Percentage: [ ] [ ] %
   - Date of Birth or Trust Date: 
   - Relationship to Applicant:
     - [ ] Spouse OR [ ] Trust OR [ ] 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).
4. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

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)**

1. Individual or Trust Name: [ ] Percentage: [ ] %
   - Date of Birth or Trust Date: [ ]
   - Relationship to Applicant: [ ] Spouse [ ] OR [ ] Trust [ ] OR [ ] Other

2. Individual or Trust Name: [ ] Percentage: [ ] %
   - Date of Birth or Trust Date: [ ]
   - Relationship to Applicant: [ ] Spouse [ ] OR [ ] Trust [ ] OR [ ] Other

3. Individual or Trust Name: [ ] Percentage: [ ] %
   - Date of Birth or Trust Date: [ ]
   - Relationship to Applicant: [ ] Spouse [ ] OR [ ] Trust [ ] OR [ ] 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 acknowledge that I have read the prospectus of any fund in which I invest and agree to the terms
- I understand that my account may be subject to an annual maintenance and recordkeeping fee and that upon the full withdrawal of my account, it may be subject to a liquidation or surrender fee
- I understand that I may designate a beneficiary for my assets accumulated under my employer's 457 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 the provisions of my employer's 457 plan
- 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 at a later date
- I am aware that the beneficiary information provided herein shall apply to all my accounts under the 457 plan and shall replace all previous designation(s) I have made on any of my accounts under the plan
- If Fidelity Management Trust Company (FMTC) is the trustee of my employer's plan, I recognize that although FMTC is a bank, neither Fidelity Distributors Corporation nor any mutual fund in which my accounts 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: [ ]

---

1.789211.100

---