

3. SELECTION OF INVESTMENT OPTIONS

Please check here if you are selecting more than eight 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"/> %

Total: = 100%

4. DESIGNATING YOUR BENEFICIARY(IES)

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:	<input type="text"/>	Percentage: <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"/>	Percentage: <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	
3. Individual or Trust Name:	<input type="text"/>	Percentage: <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%



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4. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

Contingent Beneficiary(ies)

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. **Please note:** Your primary beneficiary cannot be your contingent beneficiary.

1. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/> %
Date of Birth or Trust Date:	<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"/>	Relationship to Applicant:	<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> %
Date of Birth or Trust Date:	<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"/>	Relationship to Applicant:	<input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> %
Date of Birth or Trust Date:	<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"/>	Relationship to Applicant:	<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).

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 the University of Nebraska and will remain in effect until I deliver another completed and signed Beneficiary Designation Form to the University 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 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 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: Date: --



Instructions

Supplemental Retirement Plan Application and Beneficiary Designation

1. GENERAL INSTRUCTIONS

Opening a new account: Complete and return this form to your Campus Benefits Office. You will receive written confirmation once your account is established.

Questions? Call Fidelity Investments at 1-800-343-0860 Monday through Friday from 7:00 A.M. to 11:00 P.M. CT., or visit us at www.fidelity.com/atwork.

2. EMPLOYMENT INFORMATION

Please complete the campus specific information requested.

3. SELECTION OF 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 eight 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.

4. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to three primary and three 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, please include the date the trust was created, and the trustee's name.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to your primary beneficiary(ies) who survives 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 beneficiary(ies) in proportion to the percentage selected for them.

5. AUTHORIZATION

Please provide your signature.

Fidelity Investments Institutional Operations Company, Inc.



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