

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%.

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)

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.

Please check here if you have more than three primary or three contingent beneficiaries, and attach a separate sheet with your additional information.

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: <input type="text"/> OR Social Security Number: <input type="text"/> OR Date of Birth or Trust Date: <input type="text"/>	Trust Name: <input type="text"/> Tax ID Number: <input type="text"/> OR Relationship to Applicant: <input type="checkbox"/> Spouse OR <input type="checkbox"/> Trust OR <input type="checkbox"/> Other
	Percentage: <input type="text"/> %

4. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)



2. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other

3. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** 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

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other

2. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 Relationship to Applicant:
 Spouse **OR** Trust **OR** Other

3. Individual: OR

 Social Security Number: OR

 Date of Birth or Trust Date:

Trust Name:

 Tax ID Number: Percentage:
 %
 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 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:

