



# Statement Householding Form

Use this form to group accounts and consolidate multiple accounts on a single statement.

## Restrictions and Requirements

To receive a consolidated statement for eligible accounts, please provide an address in the Statement Householding Address section below. If you do not complete this section, you will continue to receive multiple statements mailed to your address.

- If any account owner changes an address on any account on the consolidated statement, it will automatically update the address on all other accounts on the statement.
- New accounts you open will be included on your consolidated statement. (Social Security Number and address must match.)

### ACCOUNTS NOT ELIGIBLE FOR CONSOLIDATION

- Employer Sponsored Retirement accounts
- Charitable Gift Fund (CGF) accounts
- IRA-BDA accounts

Authorized agent/Advisor	G
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- Trust Accounts need to provide trustee information where information on individuals is requested in the Account Owners section.
- All owners of all accounts must be listed and must sign.

## Account Owners

Include co-owners, trustees, and custodians. List any additional owners on a separate sheet. ALL owners must be listed. Future accounts opened by these owners will automatically be included unless the owner request otherwise at the time.

Name	Social Security Number
Name	Social Security Number
Name	Social Security Number
Name	Social Security Number

## Statement Householding Address **Required**

Indicate how you want the statement to be addressed.

Name on Consolidated Statement <i>For example, "The Smith Family"</i>			
Address			
City	State/Province	Zip/Postal Code	Country



# Fidelity Accounts to Include

Please list any account you would like to include in this household. However, check the list in Restrictions and Requirements at the beginning of this form to be sure each account you list is eligible for householding.

Account Number 	Account Number 	Account Number 
Account Number 	Account Number 	Account Number 
Account Number 	Account Number 	Account Number 
Account Number 	Account Number 	Account Number 

## Authorizations All account owners must read and sign

By signing this request, I hereby authorize Fidelity Brokerage Services LLC ("FBS") to consolidate the accounts listed on this form onto one periodic account statement. The consolidated statement will be mailed to the mailing address indicated above.

In addition, if the Authorized agent/Advisor is signing this form on behalf of the account owner(s), he/she represents that he/she is an authorized person of the above-named Advisor and that such Advisor is acting under grant of the proper Authorization by the account owner(s) as defined in the Brokerage Account Agreement. FBS is further authorized to accept and act upon the instructions provided by the Authorized agent/Advisor. **Fidelity will accept the Advisor's signature for single party household requests only. For multiple party requests, all account owners' signatures are required.**

I agree to indemnify and hold harmless FBS and its officers, directors, employees, agents and affiliates from and against any and all losses, claims or financial obligations that may arise from any act or omission of my Authorized agent/Advisor with respect to my account(s).

Name of Owner/Custodian/Trustee	
Signature <b>X</b>	Date (MM-DD-YYYY)
Name of Owner/Custodian/Trustee	
Signature <b>X</b>	Date (MM-DD-YYYY)

Name of Owner/Custodian/Trustee	
Signature <b>X</b>	Date (MM-DD-YYYY)
Name of Owner/Custodian/Trustee	
Signature <b>X</b>	Date (MM-DD-YYYY)
Name of Advisor	
Signature <b>X</b>	Date (MM-DD-YYYY)