



529 College Savings Plan  
Workplace Savings Program

# Payroll Direct Deposit Employee Agreement

Use this form to establish or modify your payroll direct deposit agreement with your employer.  
Your payroll direct deposit will be an after-tax investment.

Type on screen or print out and fill in using CAPITAL letters and black ink.

## 1. Employee

Name <i>First, M.I., Last</i>	SSN <i>required</i>

## 2. Payroll Deduction Agreement

Employee and Employer both agree that the Employer will deduct the following amount each pay period and contribute it to the Employee's 529 College Savings Plan Account.

Amount
\$   ,   .

## 3. Signatures and Dates *Form cannot be processed without signatures and dates.*

- The payroll direct deposit amount may be modified by the Employee at any time by completing a new Payroll Direct Deposit Employee Form. The Employer shall make any requested modification as soon as it can reasonably be processed. The Employer may terminate this Agreement at any time with respect to amounts not deducted from the Employee's pay at the time of termination.
- I understand that my contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my contribution will continue in effect until I change or revoke it or terminate my employment. Fidelity Investments will not be liable for any loss, liability, cost, or expense incurred as a result of an error made by the Employer's payroll department or processing bank.

Print Employee Name <i>First, M.I., Last</i>	
Employee Signature	Date <i>MM DD YYYY</i>
<b>SIGN</b> ▶	▶

Print Employer Name	
Employer Signature	Date <i>MM DD YYYY</i>
<b>SIGN</b> ▶	▶

Return this form to your employer.

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Fidelity Investments Institutional Operations Company, Inc.  
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Your Advisor and Fidelity  
Insight Diversification Dedicated Support





Fidelity Advisor 529 Plan  
Sponsored by the State of New Hampshire

# Payroll Direct Deposit New Account

Use this application to establish a Fidelity Advisor 529 account through payroll direct deposit.  
Type on screen or fill in using CAPITAL letters and black ink.

## Helpful to Know

- If you are establishing a trust account, complete the FA 529 Plan Trustee Certification of Investment Authority form and provide a copy of the first page and all signature pages of trust agreement or provide a copy of the entire trust agreement.
- Your employer will deduct an after-tax amount, specified by you, to contribute to your Fidelity Advisor 529 Plan account(s) established with this application. The Fidelity Advisor 529 Plan Payroll Direct Deposit Employee form must be completed and provided to your employer to begin this payroll direct deposit. Up to 3 Beneficiaries can be included, and information provided in Sections 1, 2, 3, 6, 7, 8, and 9 will apply to all accounts. Any modifications to these sections that don't apply to all Beneficiaries require separate applications.
- If making an investment in addition to your systematic contribution, you must also complete a Fidelity Advisor 529 Rollover form if that additional investment is a rollover from a Coverdell education savings account, a qualified U.S. Savings Bond, or another 529 plan.
- In order to establish Payroll Direct Deposit, the Taxpayer Identification Number of the Employee and the Participant must match.

## 1. Participant Information

Must be an individual or trust, not a corporation or joint account holder.

Individual 529 Plan     Trust 529 Plan

Name First, M.I., Last		SSN or TIN <i>required</i>	
Date of Birth MM DD YYYY <i>(required)</i>	Driver's License Number/State of Issuance		
Trust Name <i>if applicable</i>		Trust Date MM DD YYYY	

### Participant Citizenship\*

U.S. Citizen     U.S. Resident Alien

\* Nonresident Aliens are not eligible to participate in the program.

For multiple trustees, attach a letter of instruction containing this information for each trustee.

### Mailing Address

Street Address		Apartment	
City	State	Zip/Postal Code	

Daytime Phone
---------------

For P.O. Box mailing addresses, complete U.S. Residential Address section.

**U.S. Residential Address**     Check if same as above

Street Address		Apartment	
City	State	Zip/Postal Code	

## 2. Employer Information

Company Name			
NIAGARA BOTTLING, LLC			
Street Address		Suite	
City	State	Zip/Postal Code	



### 3. Financial Advisor Information

You are required to appoint a Financial Advisor as your agent for your Fidelity Advisor 529 Plan Account(s) to execute investment and other instructions made by you or on your behalf. To be completed by your Financial Advisor.

Firm Number 5 6 7 9	Branch Number 2 7 5	Firm Name MORGAN STANLEY	
Representative Number 5 6 1	Representative Name First, M.I., Last ERIK K. TAPPIN		
Branch Mailing Address 5796 ARMADA DRIVE			Suite 200
City CARLSBAD	State CA	Zip/Postal Code 9 2 0 0 8	
Phone 7 6 0 6 0 2 3 5 3 4	Representative Email ERIK.K.TAPPIN@MS.COM		
Representative Assistant Name First, M.I., Last DEBRA K. KREPPS			Representative Assistant Phone 7 6 0 6 0 2 3 5 2 7

Complete this section if Fidelity should contact your representative assistant with questions about this application.

### 4. Investment Options

Minimum investment required for each Portfolio is \$50 per month or \$150 per quarter. Make Portfolio selections in Section 5 for each Beneficiary.

Age-Based Portfolios	Class P Pool Number
FA 529 Portfolio 2034	2731
FA 529 Portfolio 2031	2392
FA 529 Portfolio 2028	2129
FA 529 Portfolio 2025	1543
FA 529 Portfolio 2022	1181
FA 529 Portfolio 2019	1053
FA 529 Portfolio 2016	1054
FA 529 College Portfolio	1061
Static Allocation Portfolios	Class P Pool Number
FA 529 Aggressive Growth Portfolio	1063
FA 529 Moderate Growth Portfolio	1062
Individual Fund Portfolios	Class P Pool Number
FA 529 Diversified International Portfolio <sup>1</sup>	1064
FA 529 Dividend Growth Portfolio	1067
FA 529 Equity Growth Portfolio	1065
FA 529 Equity Income Portfolio	1066
FA 529 Global Strategies Portfolio	2515
FA 529 Growth Opportunities Portfolio	2518
FA 529 High Income Portfolio <sup>1</sup>	1072
FA 529 Inflation-Protected Bond Portfolio	1177
FA 529 Limited Term Bond Portfolio	1073
FA 529 Money Market Portfolio	1074
FA 529 New Insights Portfolio	1551
FA 529 Small Cap Portfolio	1069
FA 529 Stock Selector Mid Cap Portfolio	1068
FA 529 Strategic Dividend & Income Portfolio	2512
FA 529 Strategic Income Portfolio	1556
FA 529 Total Bond Portfolio	2509
FA 529 Value Strategies Portfolio	1071

1. FA 529 Diversified International Portfolio and FA 529 High Income Portfolio are subject to a 1% redemption fee on units held less than 30 and 90 days, respectively.

# 5. Beneficiaries

## Beneficiary 1 Initial Investment

Citizenship (Nonresident Aliens may not be designated as Beneficiaries):  U.S. Citizen  U.S. Resident Alien

Name <i>First, M.I., Last</i>	SSN or TIN <i>required</i>
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Date of Birth <i>MM DD YYYY (required)</i>	% of Direct Deposit %
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Relationship to Participant:  Child  Grandchild  Relative  Other

Street Address		Apartment
City	State	Zip/Postal Code

*Complete address section if Beneficiary's address does not match the Participant's address in Section 1.*

*Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section.*

Pool Number 1	Percentage Allocation 1 %	Pool Number 2	Percentage Allocation 2 %
Pool Number 3	Percentage Allocation 3 %	Pool Number 4	Percentage Allocation 4 %

## Beneficiary 2 Initial Investment

Citizenship (Nonresident Aliens may not be designated as Beneficiaries):  U.S. Citizen  U.S. Resident Alien

Name <i>First, M.I., Last</i>	SSN or TIN <i>required</i>
-------------------------------	----------------------------

Date of Birth <i>MM DD YYYY (required)</i>	% of Direct Deposit %
--	--------------------------

Relationship to Participant:  Child  Grandchild  Relative  Other

Street Address		Apartment
City	State	Zip/Postal Code

*Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section.*

Pool Number 1	Percentage Allocation 1 %	Pool Number 2	Percentage Allocation 2 %
Pool Number 3	Percentage Allocation 3 %	Pool Number 4	Percentage Allocation 4 %

## Beneficiary 3 Initial Investment

Citizenship (Nonresident Aliens may not be designated as Beneficiaries):  U.S. Citizen  U.S. Resident Alien

Name <i>First, M.I., Last</i>	SSN or TIN <i>required</i>
-------------------------------	----------------------------

Date of Birth <i>MM DD YYYY (required)</i>	% of Direct Deposit %
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## 5. Beneficiaries *continued*

Relationship to Participant:  Child  Grandchild  Relative  Other

Street Address		Apartment
City	State	Zip/Postal Code

Until changed, all future 529 Plan contributions will be invested according to the investment instructions detailed in this section.

Pool Number 1	Percentage Allocation 1 %	Pool Number 2	Percentage Allocation 2 %
Pool Number 3	Percentage Allocation 3 %	Pool Number 4	Percentage Allocation 4 %

## 6. Successor Participant Designation

Must be an individual or trust, not a corporation or joint account.

A Successor Participant must be at least 18 years of age and a U.S. resident.

Trusts are not eligible to add a Successor Participant.

I hereby designate the person named below as Successor Participant to receive the assets remaining in the account(s) listed in Section 1 upon my death.

By adding an individual as a Successor Participant you are not granting them trading authority. To authorize trading or inquiry access, you must complete the 529 College Savings Plan Trading Authorization and Indemnification form.

Name First, M.I., Last	SSN or TIN <i>required</i>
Trust Name <i>if applicable</i>	Date of Birth/Date of Trust MM DD YYYY
Relationship to Participant	

You and your Financial Advisor will receive these copies. Complete only if address is different from the Participant's (no additional copies will be sent if this address matches the Participant's).

Send copies of the following to the Successor Participant:

Confirmations  Statements  Both

Street Address		Apartment
City	State	Zip/Postal Code

## 7. Contingent Successor Participant Designation

Must be an individual or trust, not a corporation or joint account.

A Contingent Successor Participant must be at least 18 years of age and a U.S. resident.

Trusts are not eligible to add a Contingent Successor Participant.

I hereby designate the person named below as Contingent Successor Participant to receive the assets remaining in the account(s) listed in Section 1 upon both my death and that of the Successor Participant.

Name First, M.I., Last	SSN or TIN <i>required</i>
Trust Name <i>if applicable</i>	Date of Birth/Date of Trust MM DD YYYY
Relationship to Participant	

You and your Financial Advisor will receive these copies. Complete only if address is different from Participant's or Successor Participant's (no additional copies will be sent if this address matches the Participant's or the Successor Participant's).

Send copies of the following to the Contingent Successor Participant:

Confirmations  Statements  Both

Street Address		Apartment
City	State	Zip/Postal Code

## 8. Reduced Sales Charge

Should you and/or your spouse have other investments in Fidelity Advisor 529 Plan Accounts or Fidelity Advisor Funds,<sup>®</sup> you may qualify for a reduced sales charge on purchases of Class A units.

Refer to the Offering Statement for details.

Applicable account numbers are as follows:

### Rights of Accumulation

Account Number	Applicable SSN/TIN	BIN
Account Number	Applicable SSN/TIN	BIN

## 9. Signatures and Dates *Form cannot be processed without signatures and dates.*

Participants must READ this section, the Offering Statement, and the Participation Agreement. SIGN this section in ink.

### Participation Agreement Acknowledgement

- By signing below, I agree to participate in the Fidelity Advisor 529 Plan. I acknowledge that I have read, understood, and agree to the terms and conditions set forth in the Participation Agreement.
- I understand that the Participation Agreement and its enforcement shall be governed by the laws of the State of New Hampshire and is not subject to arbitration. It shall cover individually and collectively all accounts which the undersigned may hold under the Trust. It shall inure to the benefit of the Trust's successors and assigns, and the Participation Agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.

### Authorization of Fidelity and Financial Advisor

- I hereby authorize Fidelity Investments Institutional Operations Company (FIIOC) to accept instructions from both me or a representative of my intermediary firm, for transactions that result in funds being electronically transferred between my Fidelity account and my bank account.

- I understand that it is my responsibility to read the Offering Statement. I have read, understood, and agree to the terms and conditions set forth in the separate Offering Statement as is currently in effect and as may be amended from time to time.

- By signing below, I understand that Fidelity will treat all contributions to my account as nonrollover contributions until such time as Fidelity receives a completed Fidelity Advisor 529 Plan Rollover form or such other documentation as Fidelity deems adequate and acceptable. If the contributions are rollover contributions from a Coverdell education savings account, qualified U.S. Savings Bond, or another 529 program, Fidelity will treat the entire amount of all contributions as earnings in the 529 plan account receiving the distribution until such time as Fidelity receives the appropriate additional documentation as specified on the Fidelity Advisor 529 Plan Rollover form.
- I am solely responsible for monitoring contributions to my Fidelity Advisor 529 Plan account(s) pursuant to a payroll direct deposit agreement with my employer. I agree that Fidelity Investments and Fidelity Advisor 529 Plan have no duty or obligation to monitor or question changes to, or termination of, payroll direct deposit contributions to my Fidelity Advisor 529 Plan account(s). I hereby acknowledge that my employer may cease offering payroll direct deposit at any time without notice.
- I am of legal age, I have received and read the Offering Statement and Participant Agreement, and I agree to their terms. By signing below, I understand that all of the above items (if applicable) will apply to units of Fidelity Advisor 529 Plan Portfolios into which my units may be exchanged or accounts to which my units may be transferred. I have authorized the Firm identified in Section 3 of this application

- to act as my agent to execute instructions made by me or on my behalf. I understand that by signing below I hereby ratify any instructions, given by me or the Firm identified in Section 3 of this application, including, without limitation, telephone or electronic instructions, given on this account relating to the above items and agree that neither Fidelity Advisor 529 Plan nor FIIOC will be liable for any loss, cost, or expense for acting upon such instructions (by telephone, in writing, or electronically) believed to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions.
- By signing this application the undersigned Trustee(s) certify(ies) that the provided trust agreement or other organizational documents (or excerpts thereof) are true copies of the legal documents that are currently and validly in effect.
- I understand that all the information I have provided in this application, all the terms and conditions to which I have consented, and the certifications contained herein are true and accurate, and will apply to any new Portfolio(s) in which I invest.
- I understand that neither the Portfolio(s) nor Fidelity Distributors Corporation is a bank, and Portfolio(s) are not backed or guaranteed by any bank or insured by the FDIC.
- I hereby agree that my Employer may terminate this payroll direct deposit agreement at any time with respect to amounts not deducted from my pay at the time of termination or if my employer decides to eliminate this feature to employees.

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## 9. Signatures and Dates *continued*

- I understand that my contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my contribution will continue in effect until I change or revoke it or terminate my employment.
- Portfolio units are not deposits or obligations of, or guaranteed by, any depository institution. Units are not insured by the FDIC, the Federal Reserve Board, or any other agency, and are subject to investment risks, including possible loss of principal amount invested.
- **I certify under penalties of perjury that: I am a U.S. person (including a U.S.**

**resident alien) and the Social Security or Taxpayer Identification Number provided is correct.**

- Your account balance and certain uncashed checks issued from your account may be transferred to a state unclaimed property administrator if no activity occurs in the account or the check remains outstanding within the time period specified by the applicable state law.
- FIIOC has the authority to accept orders and other instructions relative to the account(s) identified herein from those individuals or entities (the trustee(s), as applicable) listed in Section 1. The

trustee(s) may execute any documents on behalf of the trust account that FIIOC may require. By signing this form, the trustee(s) hereby certify(ies) that FIIOC is authorized to follow the instructions of any trustee(s) listed in Section 1 and to deliver funds or other assets in the account to any such trustee(s) or on any such trustee's instructions, including delivering assets to such trustee(s) personally. FIIOC, in its sole discretion and for its sole protection, may require the written consent of any or all trustee(s) prior to acting upon the instructions of any trustee(s).

Print Participant/Trustee Name <i>First, M.I., Last</i>	
Participant/Trustee Signature	Date <i>MM - DD - YYYY</i>
<b>SIGN</b> ▶	▶

Print Additional Trustee Name <i>First, M.I., Last</i>	
Additional Trustee Signature	Date <i>MM - DD - YYYY</i>
<b>SIGN</b> ▶	▶

**Did you print and sign the form, and attach any necessary documents?** Send the form and any necessary documents to Fidelity.

**Questions?** Contact your advisor for help completing this application.

### Regular mail

Fidelity Advisor 529 Plan  
Fidelity Investments Institutional  
Operations Company, Inc. (FIIOC)  
P.O. Box 770002  
Cincinnati, OH 45277-0086

### Overnight mail

Fidelity Advisor 529 Plan  
Fidelity Investments Institutional  
Operations Company, Inc. (FIIOC)  
100 Crosby Parkway, KC1G  
Covington, KY 41015

To help the government fight money laundering and the funding of terrorism, federal law requires us to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, we may obtain and verify comparable information for any person authorized to make transactions in an account or beneficial owners of certain accounts. Further documentation is required for certain entities, such as trusts, estates, corporations, partnerships, and other organizations. Your account may be restricted or closed if we cannot obtain and verify this information. We will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

Fidelity Advisor 529 Plan is offered by the State of New Hampshire and managed by Fidelity Investments.

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Fidelity Investments Institutional Operations Company, Inc.  
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Fidelity Advisor 529 Plan  
Sponsored by the State of New Hampshire  
**Employer Information**

Use this form to establish or modify your payroll direct deposit information or checking account withdrawal with Fidelity Investments. Your payroll direct deposit will be an after-tax investment.

Type on screen or fill in using CAPITAL letters and black ink.

### 1. Employer Information

Company Name <b>NIAGARA BOTTLING, LLC</b>		Total Number of Employees in Company	
Company Contact Name First, M.I, Last			
Company Mailing Address			Suite
City	State	Zip/Postal Code	
Contact Daytime Phone	Extension	Contact Fax	

### 2. Financial Advisor Information

<i>You are required to appoint a Financial Advisor as agent for you on your Fidelity Advisor 529 Plan Account(s) to execute investment and other instructions made by you or on your behalf. To be completed by your Financial Advisor.</i>	Dealer Number <b>5 6 7 9</b>	Branch Number <b>2 7 5</b>	Dealer Name <b>MORGAN STANLEY</b>		
	Representative Number <b>5 6 1</b>		Representative Name First, M.I, Last <b>ERIK K. TAPPIN</b>		
	Branch Mailing Address <b>5796 ARMADA DRIVE</b>			Suite <b>200</b>	
	City <b>CARLSBAD</b>	State <b>CA</b>	Zip/Postal Code <b>9 2 0 0 8</b>		
	Daytime Phone <b>7 6 0 6 0 2 3 5 3 4</b>	Fax <b>7 6 0 9 3 1 4 6 4 7</b>	Email Address <b>Erik.K.Tappin@ms.com</b>		

### 3. Contribution Method

- Check one.  Payroll Direct Deposit (from employee paycheck)  
 Checking Account Withdrawal (from employee checking account)





## 4. Employer Payroll Information

*For Payroll Direct Deposit only.*

- Does your company use an outside payroll service?  Yes  No – Internal
- Does your payroll system currently support direct deposit?  Yes  No
- Does your payroll system have multiple direct deposit slots?  Yes  No

Payroll Provider or Internal Payroll Contact		Target Date for 1st Payroll Direct Deposit MM DD YYYY
Payroll Phone	Payroll Email Address	

## 5. Signature and Date *Form cannot be processed without signature and date.*

*Person must be authorized to sign on behalf of company listed in Section 1.*

- I certify that the information contained herein is correct.
- Fidelity authorizes and I agree that the Employer or its agent will submit all payroll direct deposit amounts via the Automated Clearing House (ACH) system through credit entries to an account designated by FIIOC. I further acknowledge that if the Employer or its agent does not

comply with the ACH rules and any additional procedures and/or instructions regarding this process, employee purchases may not be accepted and/or timely processed.

- I hereby ratify any instructions given pursuant to this authorization and agree to indemnify and hold FIIOC harmless from any loss, liability, cost, or expense that may arise from FIIOC acting upon the

company or its agent's instructions. FIIOC is not responsible for the timing, amount, purpose, or propriety of any Fidelity Advisor 529 Plan contributions. I hereby agree to indemnify and hold FIIOC harmless for any loss, liability, cost, or expense arising out of insufficient funds in the bank account provided.

Print Authorized Individual Name <i>First, M.I., Last</i>	Title
Authorized Individual Signature	Date <i>MM - DD - YYYY</i>

**SIGN** ▶

**Did you print and sign the form, and attach any necessary documents?** Send the form and any necessary documents to Fidelity.

**Questions?** For help completing this form, call Fidelity at 800-522-7297 (Financial Advisors) or 877-208-0098 (Shareholders) any day the New York Stock Exchange is open, or visit [advisor.fidelity.com](http://advisor.fidelity.com).

### Regular mail

Fidelity Advisor 529 Plan  
Fidelity Investments Institutional Operations Company, Inc. (FIIOC)  
P.O. Box 770002  
Cincinnati, OH 45277-0086

### Overnight mail

Fidelity Advisor 529 Plan  
Fidelity Investments Institutional Operations Company, Inc. (FIIOC)  
100 Crosby Parkway, KC1G  
Covington, KY 41015

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