

**Account Number & Title**

Account Number (if established) -- If new account, attach Account Opening Form.

Primary Owner/Minor (Last, First, MI), Name of Entity or Trust

Joint Owner/Executor/Custodian/Trustee

Address (credit card billing address)

**Purchase Information**

I wish to participate in the Fidelity Accumulation Plan and periodically invest the dollar amount designated below on:  
 (Check only one)

- 1<sup>st</sup> of every month;
- 16<sup>th</sup> of every month;
- 1<sup>st</sup> and 16<sup>th</sup> of every month.

When the 1<sup>st</sup> or 16<sup>th</sup> is on a weekend, the purchase will be made on the next business day.

GOLD	SILVER	PLATINUM	PALLADIUM
\$	\$	\$	\$

Minimum Investment Amount \$100 Per Metal Type

**Payment by Credit Card (A representative will call to obtain credit card information)**

For the protection of our customers, Fidelity does not accept credit card information in writing.

Fidelity accepts:

- VISA
- MasterCard
- Discover

**Payment by Direct Debit of Bank Account**

Please debit my: (Check only one)

- Checking account
- Savings account

Financial Institution Name

ABA Routing #

Financial Institution Address

Depositor(s) Name (as shown on financial institution record)

Account Number

I hereby authorize and request Fidelity Incorporated (Fidelity) to pay amounts owing by me by initiating debit entries to the above account. I may terminate this agreement at any time by written notice to Fidelity. However, such notice shall only be effective after it is received by Fidelity and after a reasonable opportunity for Fidelity to act upon such notice.

**X**

Primary Owner or Custodian

Date

**X**

Joint Owner

Date