Fidelity Advisor Funds®

New Account Application

Please mail this completed application via <u>regular mail</u> to: Fidelity Investments Institutional Operations Company, Inc. (FIIOC), P.O. Box 770002, Cincinnati, OH 45277-0086 You can also mail this completed application via <u>overnight delivery</u> to: Fidelity Investments Institutional Operations Company, Inc. (FIIOC), 2300 Litton Lane, KH2A, Hebron, KY 41048-9397

You CANNOT use this application to open a Fidelity prototype retirement account, including an IRA. When completing this form, please type or print clearly in all CAPITAL LETTERS using black ink. ACCOUNT REGISTRATION Please check only one registration type. If you want to establish a Transfer on Death (TOD) registration, additional paperwork will be required. Please call (800) 522-7297 for instructions. Individual Joint - Rights of Survivorship* Joint - Community Property Custodial Account (UGMA/UTMA) Joint - Tenants in Common Joint - Tenants by Entirety * Joint Tenant accounts will default to Rights of Survivorship if no other option is selected, (excluding residents of Louisiana). UGMA/UTMA Age of Minor SSN of Minor Owner's First Name/Custodian's First Name MI Last Name Jr. Joint Owner's First Name/Minor's First Name MI Last Name Jr. Sr. **Partnership** Corporation* Other Entity *please provide a copy of your corporate resolution certified within the last 60 days TRUST/CORPORATION/PARTNERSHIP or OTHER ENTITY NAME Trust/Corporation/Partnership or Other Entity Name (continued) Trust Date IF TRUST ACCOUNT, FOR BENEFIT OF: First Name MI Last Name **TRUSTEE OR AUTHORIZED SIGNEE 1** Last Name First Name Jr. **TRUSTEE OR AUTHORIZED SIGNEE 2** First Name MI Last Name Fidelity and Fidelity Investments are registered trademarks of FMR Corp. Fidelity Advisor Funds is a registered service mark of FMR Corp.



					Apartment
City			State	Zip Code/Postal C	ode
rovince (if applicable)			Country	(if applicable)	
aytime/Work Phone			Evening	/Home Phone	
equired to withhold 31% tenerally a Social Security	Social Security Number (S federal tax on monetary tra Number.	ansactions.	Please note, for i	individuals, the Taxpay	the space below, Fidelity may be er Identification Number (TIN)
or Individual or Joint Acc se the minor's Social Secu	counts use the Social Secu urity Number. For Trust, C	Corporation,	r of the first per , Partnership, or	Non-Resident Alien us	nt registration. For Custodial Acc e Tax I.D. number.
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 * If your firm utilizes an external clearing firm please indicate the name of the clearing firm here:

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FUND SELECTION

Minimum initial investment is \$2,500 per fund. The minimum initial investment for Money Market Funds is \$1,000 per fund.

If establishing a Systematic Investment Program(s), the minimum initial investment is \$100.00 per fund.

Enclosed is a check payable to Fidelity Advisor Fund(s) in the amount of \$ _____ for the purchase of the following shares.*

FIDELITY ADVISOR INTERNATIONAL FUNDS	Class A	Class B	Class C	Class T	Amount
Fidelity Advisor Latin America Fund	746	747	748	750	
Fidelity Advisor Emerging Asia Fund	756	757	758	760	
Fidelity Advisor Emerging Markets Income Fund	255	637	488	635	
Fidelity Advisor Japan Fund	741	742	743	745	
Fidelity Advisor Europe Capital Appreciation Fund	736	737	738	740	
Fidelity Advisor International Capital Appreciation Fund	288	290	281	292	
Fidelity Advisor Overseas Fund	252	654	485	175	
Fidelity Advisor Diversified International Fund	731	732	733	735	
idelity Advisor Global Equity Fund	751	752	753	755	
FIDELITY ADVISOR FOCUS FUNDS	Class A	Class B	Class C	Class T	Amount
idelity Advisor Consumer Industries Funds	185	190	282	195	
idelity Advisor Cyclical Industries Fund	184	234	283	194	
idelity Advisor Financial Services Fund	183	163	284	193	
idelity Advisor Health Care Fund	177	164	285	191	
idelity Advisor Natural Resources Fund	247	656	528	166	
idelity Advisor Technology Fund	187	197	476	192	
Fidelity Advisor Telecommunications & Utilities Growth Fund		189	477	196	
IDELITY ADVISOR GROWTH FUNDS	Class A	Class B	Class C	Class T	Amount
idelity Advisor TechnoQuant® Growth Fund	267	268	486	269	
idelity Advisor Value Strategies Fund	266	608	N/A	174	
idelity Advisor Dynamic Capital Appreciation Fund ²	721	722	723	725	
idelity Advisor Growth Opportunities Fund	248	278	482	168	
idelity Advisor Dividend Growth Fund	714	715	716	720	
idelity Advisor Small Cap Fund	294	296	297	299	
idelity Advisor Mid Cap Fund	251	532	484	531	
idelity Advisor Equity Growth Fund	245	242	479	286	
Fidelity Advisor Large Cap Fund	250	535	483	534	
FIDELITY ADVISOR GROWTH AND INCOME FUNDS	Class A	Class B	Class C	Class T	Amount
idelity Advisor Growth & Income Fund	272	244	481	274	
idelity Advisor Equity Income Fund	246	180	480	280	
idelity Advisor Asset Allocation Fund					
	726	727	728	730	
idelity Advisor Balanced Fund	249	241	478	170	
IDELITY ADVISOR INCOME FUNDS	Class A	Class B	Class C	Class T	Amount
idelity Advisor High Yield Fund	258	665	521	165	
idelity Advisor High Income Fund	374	375	376	378	
idelity Advisor Strategic Income Fund	260	639	523	638	
idelity Advisor Government Investment Fund	265	667	489	167	
idelity Advisor Intermediate Bond Fund	261	687	524	287	
idelity Advisor Mortgage Securities Fund	237	238	N/A	239	
idelity Advisor Short Fixed-Income Fund	263†	N/A	526	173†	
FIDELITY ADVISOR MUNICIPAL BOND FUNDS	Class A	Class B	Class C	Class T	Amount
Fidelity Advisor Municipal Income Fund	257	669	490	169	
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IDELITY ADVISOR MONEY MARKET FUNDS	Class A	Class B	Class C	Class T	Amount
		Class B	Class C		Amount
FIDELITY ADVISOR MONEY MARKET FUNDS Prime Fund Treasury Fund	Class A 83† 58†	Class B	Class C 529	83† 58†	Amount \$

^{*} Class T shares will be purchased if share class is not indicated.

¹⁻ Formerly known as Fidelity Advisor Utilities Growth Fund. 2- Formerly known as Fidelity Advisor Retirement Growth Fund.

[†] These funds are eligible for the check writing feature. Please complete the signature card in the Service Options Section.

4. WAIVER OF SALES CHARGE This option applies to Class A and Class T	shares only. Please s	elect the appropriate share class: Class	s A Class T
Please refer to sales	charge reduction and nation, (SAI). Please	l waiver information in the current Prospectu ndicate the number from the Prospectus or SA	ıs and/or Statement
DIVIDEND DISTRIBUTION STA If you do not choose a dividend option, dis		natically be reinvested in the same class of shar	res of the fund.
Dividend distributions reinvested.		end distributions paid via ACH (Automated Cle complete Section 7.	earing House)
Dividend distributions paid in cash.		ted Dividends® Programs. complete Section 8.	
CAPITAL GAIN DISTRIBUTION If you do not choose a capital gains option		tomatically be reinvested in the same class of	shares of the fund.
Capital gain distributions reinvested.		al gain distributions paid via ACH (Automated complete Section 7.	Clearing House)
Capital gain distributions paid in cash.			
SIGNATURE Please be sure to sign below.			
Fidelity Advisor Fund(s) into which my shares mainstructions, including telephone instructions, given either the fund nor Fidelity Investments Institution upon such instructions (by telephone or in writing unauthorized transactions; (c) my responsibility is I understand that all the information I have providentifications contained herein, will apply to any responsibility.	en on this account and lonal Operations Comp g) believed to be genu s to read the Prospectu ded in this application.	I any account in which I exchange relating to the pany, Inc., (FIIOC), will be liable for any loss, cos- ine and in accordance with reasonable procedures s of any Fidelity Advisor Fund into which I exch- all the terms and conditions to which I have cor-	e above items and agree tha st, or expense for acting s designed to prevent ange.
■ I understand that neither this fund(s) nor Fidelity insured by the FDIC.	Distributors Corporat	ion is a bank, and fund shares are not backed or	guaranteed by any bank or
■ I understand that for joint accounts "I" refers to a act on the account without notice to the other acc require the written consent of all account owners	count owners. Fidelity	Service Company, Inc. in its sole discretion, and f	
■ I hereby authorize FIIOC, upon either receiving ir of this Application, to make payments of amounts payments of amounts to be invested by me, by initindicated on this check to accept such entries from I acknowledge that this authorization may only be FIIOC and the Bank a reasonable opportunity to a	representing redempt tiating credit or debit e FIIOC, and to credit o e revoked by providing	ions by me, or dividend or capital gains distribution entries to the account indicated in section 7. I aut r debit, as indicated, my account at that Bank in ac	ions to me, or to secure horize and request the Ban ccordance with these entries
■ If I am a U.S. citizen or resident alien as I have i Taxpayer Identification Number provided is corr withholding because: (a) I am exempt from back subject to backup withholding for failure to reposubject to backup withholding. (Cross out item 2)	ect (or that I am wait up withholding; or (b ort all dividend and in	ing for a number to be issued to me); and (2) I a I have not been notified by the Internal Reven terest income; or (c) I have been notified by the	am not subject to backup ue Service (IRS) that I am
■ If I am a non-resident alien, as I have indicated i the information entered is correct; a reduced rate reduced tax; and I am an exempt foreign person	e of tax or exemption	from tax applies; I have complied with all requi	
■ The Internal Revenue Service does not require y backup withholding. Mutual fund shares are not by the FDIC, the Federal Reserve Board or any c invested.	deposits or obligation	ns of, or guaranteed by, any depository institution	on. Shares are not insured
Please Print Shareholder Name below		Please Print Joint Owner Name below	
Signature of Shareholder	Date	Signature of Joint Owner	Date

Directed Dividends is a registered trademark of FMR Corp.

Service Options Section

This section only needs to be completed if you want to establish additional features on your new account. Please do not return pages 5-8 if you do not choose features. Please see the appropriate Fidelity Advisor Fund prospectus for details regarding specific feature options.

Please complete this section if you elected a via the Automated Clearing House (ACH) visection if you would like to establish the Windows	which becon	nes effective 15 calend	ler days after it is est	ablished. Pleas	se also complete this
Establish: ACH Federal Wire		Both			
The name(s) listed on your bank account must match to Option A: Please EITHER tape a pre-printed vo			o .		lin to our sample
Please check the appropriate type of account:	YOUR NAME address city, state, zip	Date		or deposit s	iip to our sample
Checking	Pay to the order of	1010	S Dollars		
Savings (Please attach a deposit slip)	Memo	000 0000			
Dption B: OR fill out your bank information	in the box	es provided.			
dwner's First Name (on bank account)	M	Last Name			Jr.
oint Owner's First Name (on bank account) – if applica	ble MI	Last Name			Sr.
					Jr.
ame of Bank					Sr.
BA Routing Number Bank	Account Nui	nber			
DIRECTED DIVIDENDS® PROGED Dividend distributions may be directed into Directed dividend distributions must be in 1. From: Fund # To: Fund #	the same c	lass of shares of an ide	entically registered Fi Section 5A. 2. <u>From:</u> Fund #	delity Advisor	
SIGNATURE CARD FOR CHECK State Street Bank and Trust Company ANK ACCOUNT NUMBER Please leave blank.)	(WRITIN	G PLEASE PRIN	T		
CCOUNT NAME:		Last Name	Firs	t Name	Middle Initial
his registration must be the same as the shareholder regi					
Fidelity Advisor Short Fixed-Income Fund (263, 17 Prime Fund (083) Treasury Fund (058)	(3)	Last Name	Firs	t Name	Middle Initial
Tax-Exempt Fund (084)		AUTHORIZED S (All individuals regi	SIGNATURE(s) stered on the account n	nust sign.)	
Check if only one signature is required. Check if the shareholder is a trust, corporation, or corporation, indicate the number of signatures required.					
organization; indicate the number of signatures required: Check if you want your checks sent to you. In signing this signature card, the signator(s) significant their agreement to be subject to the rules and regulations.	ies his, her, o	Signature r			

Signature

the Bank pertaining thereto and as amended from time to

time and subject to the conditions printed on the reverse side.

SYSTEMATIC INVESTMENT PROGRAM - CLASS A, B, C, AND T SHARES

Minimum systematic investment of \$100 per fund is required. Please complete Section 7 to establish this program. This feature will become active 15 calendar days after it is established. This privilege is not offered for Class B and C share money market funds.

Frequency: Monthly (12 Investments) - Please choose any day between the 3rd and 28th of the month. Li-Monthly (6 Investments) - Please choose any day between the 3rd and 28th of the month. Quarterly (4 Investments) - Please choose one of the following dates: the 1st, 10th, 15th or 25th. If Semi-Annually (2 Investments) or no selection is made, the transaction will occur on the 15th.

Please establis	sh a Systematic Investment Program beg	inning		as follows:
1. Fund #	Frequency	Day	Amount	
	\bigcirc M \bigcirc B \bigcirc Q \bigcirc S			
2. Fund #	Frequency	Day	Amount	
	→ M → B → Q → S			
3. Fund #	Frequency	Day	Amount	
	→ M → B → Q → S			
4. Fund #	Frequency	Day	Amount	
	\bigcirc M \bigcirc B \bigcirc Q \bigcirc S			
A. Rights of <i>A</i> 1. Fund #	Accumulation Account #		2. Fund #	Account #
3. Fund #	Account #		4. Fund #	Account #
Applicable SSN	I Appl	icable SSN	I	
B. Letter of I	ntent			
to do so, it is	Letter and Terms of Escrow set forth in my intention to invest over a 13-mont indicated is not invested within 13 mon	h period	in shares that total an aggre	of Additional Information. Although I am not obligated gate amount at least equal to that indicated below. If ply.
I agree to inv	rest the following amount: \$			
The Payment of	f Funds is Authorized by the Signature(s) And	earing on	Reverse Side	

The Payment of Funds is Authorized by the Signature(s) Appearing on Reverse Side

If the Shareholder's Account with Fidelity Advisor Funds, Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class is joint, all checks drawn upon this account must include signatures of all persons named in the account, unless the persons signing this card have indicated that the Bank is authorized to accept any one signature by checking the box so designated on the reverse of this card. Each person guarantees the genuineness of the other's signature. Checks may not be for less than \$500 or such other minimum or maximum amounts as may from time to time be established by Fidelity Advisor Funds, including Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class upon prior written notice to its shareholders. Additional documentation, including a signature guarantee, may be required for requests to add the check writing feature to an existing account or for requests to modify the current check writing feature of an existing account.

The Bank is hereby appointed by the person(s) signing this card (the Depositor(s)) as agent, and, as agent, is authorized and directed to present checks drawn on this account to Fidelity Advisor Funds, including Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class or their respective redemption agent as requests to redeem shares of the designated Fidelity Advisor Fund(s), including Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class registered in the name of the Depositor(s) in the amounts of such checks and to deposit the proceeds of such redemptions in this checking account. Shares for which stock certificates have been issued may not be redeemed in this manner. The Bank shall be liable only for its own negligence.

Depositor(s) hereby authorize Fidelity Advisor Funds, including Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class or their redemption agent to honor redemption requests presented in the above manner by the Bank. Fidelity Advisor Funds, Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class and their respective redemption agent will not be liable for any loss, expense or cost arising out of check redemptions. If shares of Fidelity Advisor Funds, Prime Fund – Daily Money Class, Tax-Exempt Fund – Daily Money Class, or Treasury Fund – Daily Money Class are purchased by check, redemption proceeds will ordinarily be withheld until the Funds are reasonably assured that payment has been collected on the check. The Bank has the right not to honor checks in amounts exceeding the value of the Depositor(s) shareholder account at the time the check is presented for payment.

The Bank reserves the right to change, modify or terminate this checkwriting feature at any time upon notification mailed to the address of record of the Depositor(s).

12	SYSTEMATIC	FXCHANGE	PROGRAM
1174	SISIEMAIIC	EXCHANGE	FROGRAM

Exchanges must be made into the same class of shares between identically registered Fidelity Advisor accounts. A minimum \$10,000 balance per fund is required in the account from which you wish to exchange. A minimum \$1000 balance per fund is required in the account into which you wish to exchange. A minimum \$100 exchange between funds is also required. A CDSC will not apply to Class B shares redeemed for exchange.

Frequency: Monthly (12 Exchanges) - Please choose any day between the 3rd and 28th of the month. Quarterly (4 Exchanges) - Please choose one of the following dates: the 1st, 10th, 15th or 25th. If Semi-Annually (2 Exchanges), Annually (1 Exchange) or no selection is made, the transaction will occur on the 15th.

1. From: Fund # To: Fund # Frequency Day Amount M Q S A 2. From: Fund # Frequency Day Amount M Q S A Day Amount M Q S A ADDITIONAL STATEMENTS	
2. From: Fund # To: Fund # Frequency Day Amount M Q S A ADDITIONAL STATEMENTS	
M Q S A \$ 13 ADDITIONAL STATEMENTS	
13 ADDITIONAL STATEMENTS	
In addition to me and my Financial Advisor, please send copies to: Confirmations	Statements Both
First Name MI Last Name	Jr.
S. J. PO.P.	Sr.
Street or P.O. Box	Apartment
City State Zip Code/Postal Code	le
Frequency: Monthly (12 Withdrawals) - Please choose any day between the 3rd and 28th of the month. Quarterly (following dates: the 1st, 10th, 15th or 25th. If Semi-Annually (2 Withdrawals) or no selection is made, the transaction ot applicable on Class B or Class C shares. Please establish a Systematic Withdrawal Program beginning as follows:	
	Doroontogo
1. Fund # Frequency Day Amount M Q S	Percentage OR %
	Percentage
	on a Special Days on to an address
If you are establishing a Systematic Withdrawal Via Check and would like the check to be mailed to eith other than what is listed on the account, please complete the section below.	er a Special Payee or to an address
Special Payee: First Name MI Last Name	Jr.
	Sr.
Alternate Address: Street or P.O. Box	Apartment
City State Zip Code/Postal Code	le

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