



**3 ANNUITY BUILDER INSTRUCTIONS** *(This section to be filled out when establishing Annuity Builder service)*

1. Choose the **frequency** on which you would like your purchase to occur:  Monthly  Quarterly  Semiannually  Annually
2. Choose the **day** on which you would like your purchase to occur:   (only dates from the 1st to the 28th are available)
3. Indicate the **dollar amount** of your automatic purchase: \$ \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_ (\$100 minimum)
4. Indicate the **Annuity Funds** you would like this deposit invested in: *(If you do not select individual Annuity Funds below, your deposit will be invested according to your allocation on file)*

Annuity Funds Name:	Annuity Funds Number:	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"/>	_____ %

Percentages must total 100%

**Important Points:**

- There is a \$100 minimum for each Automatic Investment.
- If you would like to indicate more than five Annuity Funds, attach a piece of paper indicating the additional funds you're selecting and their percentages. The service will be started on the first available date listed above after the service has become effective. Please be advised it can take up to 30 days to become active with your bank.
- If you need to skip a month you must notify the Annuity Service Center no later than 5 banking days before the scheduled payment.

**4 OWNER SIGNATURES** *(Complete this section to Authorize transfer)*

I (We) authorize that all the above is true.

I authorize Fidelity to make electronic fund transfers and/or automatic purchases in accordance with the instructions provided on this form, from my bank account/Fidelity Account, in order to make additional deposits to my Fidelity Annuity Contract. I authorize and request the Bank named above to accept such entries from Fidelity, and to credit or debit, as indicated, my account at that Bank in accordance with these entries. I hereby ratify any telephone instructions given pursuant to this authorization and agree that neither the Fund, Fidelity Investments nor any Fidelity subsidiary be liable for any loss, liability, cost, or expense for acting upon such instructions. If I wish to end or change this authorization, I will notify the Fidelity Annuity Service Center at least ten business days before my scheduled transfer.

**X**

SIGNATURE OF OWNER

DATE

**X**

SIGNATURE OF JOINT OWNER (IF APPLICABLE)

DATE

<p>Please mail this form to:</p> <p style="text-align: center;"><b>Fidelity Investments</b>  <b>Life Insurance Company</b>                  P.O. Box 770001                  Cincinnati, OH 45277-0050</p>	<p>Or in New York:</p> <p style="text-align: center;"><b>Empire Fidelity Investments</b>  <b>Life Insurance Company</b>                  P.O. Box 770001                  Cincinnati, OH 45277-0051</p>
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