Deferred Variable Annuity Partial Withdrawal/Full Surrender Form

Use this form to request a partial withdrawal or full surrender from your Deferred Variable Annuity Contract. If you have questions about how to fill out this form, please call the Annuity Service Center at 800-634-9361 Monday through Friday, 8 am to 8 pm Eastern Time. Faxes are not accepted.

| 1 CONTRACT | T OWNER INF | ORMATION | | | |
|------------------------------------|--|--|--------------------------|--------------------|-------------------------------------|
| | | | | | |
| Contract Number | | Phone Number | | | |
| Owner's First Name | | Owner's Last Name/Trust Name | | | ner's Social Security/Tax ID Number |
| Joint Owner's First Name | | Joint Owner's Last Name | | Joir | t Owner's Social Security Number |
| 2 REQUEST | A PARTIAL W | THDRAWAL (If you're requesting a | full surrender, please | skip to section 3; |) |
| —— Terms and Condition | | | | | |
| By filling out | this section, you a | re requesting a partial withdrawal fron | n your Deferred Varial | ole Annuity Cont | ract. |
| | | naining Balance of \$2,500.00 in the co | | | |
| | , . | withdrawal is subject to the conditions s | | and will be net a | ny fees and taxes. (see Section 4) |
| | | my Deferred Variable Annuity Cont | | | |
| ☐ Dollar Amou | ınt: \$ | (\$500 minimum) | | | |
| ☐ The maximu | ım amount availab | ole, leaving a balance of \$2,500.00 to 1 | maintain the contract. | | |
| Withdrawals will be amounts below: | taken from the An | nuity Funds in your Contract on a pro | orated basis UNLESS y | ou specify the sp | pecific Annuity Funds and |
| Annuity Funds | Name: | | Annuity Fu | ınds Number: | Dollar Amount: |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | Total Amount | \$ |
| | | | | Total Tilloun | Ψ |
| REQUEST A | A FULL SURRE | ENDER (If you're requesting a partial | withdrawal, please sk | ip to section 4) | |
| Terms and Condition | ons | | | | |
| | | re requesting a full surrender of your 1 | Deferred Variable Ann | uity Contract. | |
| | ng the Contract, yo longer in effect. | ou understand that Fidelity is discharg | ged from all other oblig | gations under the | e Contract and that the |
| , | | sting assignments and that no petition render is subject to the conditions set | * / | , . | • |
| | a that your run ou | · | . Iorui iii uic Comiact | and will be net a | ing rees and taxes. (see section |
| | □ E ₂₀ -1 1 · | the aminimal Contract | | | |
| Please check one: | | the original Contract. t the above Contract has been lost or o | destroyed. | | Please continue — |





¹ Investments in VIP Sector funds, the VIP Overseas, Portfolio, and the VIP Intl Capital Appreciation Portfolio transferred or withdrawn in less than 60 days from purchase will be assessed a 1% fee, which is retained by the fund.

| 4 TAX WITHHOLDING (This section is for providing tax withho | olding instructions. Please read this carefully) |
|--|--|
| | to have taxes withheld, you are still responsible for the full payment of federal Taxable amounts withdrawn prior to age 59½ may be subject to a 10% IRS |
| Please check one: I DO NOT want Federal Income Tax withheld I WANT Federal Income Tax withheld at the research. | |
| PAYMENT INSTRUCTIONS (Please specify one method for | payment of proceeds) |
| Indicate below how you wish to receive your redemption. | |
| ☐ Send check to my address of record. | |
| ☐ Please make check payable and/ or mail to: (A signature guarante or is to be mailed to an address other than the address of record. Check | |
| Payee: | |
| Mail check to: | |
| ☐ Please Transfer the proceeds to the following Non-Retirement Fit of the Brokerage or Mutual Fund Account is different than the owners | |
| Fidelity Brokerage or Mutual Fund Account: Account Number | |
| Mutual Fund Name | Mutual Fund Number |
| 6 OWNERS SIGNATURES (Signatures of all owners are require | ed in every case) |
| A Signature Guarantee is required if this request meets any one or more • The check or an account transfer is to be made to someone other • The check is to be mailed to an address other than that currently • The address of record on your contract has changed in the past 15 • The withdrawal is for more than \$100,000. | than the registered owner of the contract. on record for the contract. |
| X | X |
| SIGNATURE OF OWNER DATE | SIGNATURE OF JOINT OWNER (IF APPLICABLE) DATE |
| SIGNATURE GUARANTEE STAMP | SIGNATURE GUARANTEE STAMP |

A signature guarantee is designed to protect you and Fidelity from fraud. You should be able to obtain a signature guarantee from a bank, broker (including Fidelity Investor Centers), dealer, credit union (if authorized under state law), securities exchange or association, clearing agency, or savings association. A notary public cannot provide a signature guarantee.

Please mail this form to: Fidelity Investments Life Insurance Company P.O. Box 770001 Cincinnati, OH 45277-0050 In New York: Empire Fidelity Investments Life Insurance Company P.O. Box 770001 Cincinnati, OH 45277-0051





Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.