

Annuity Service Beneficiary Change and Additional Information Form

Use this form to help us better identify or change the current beneficiaries on your annuity contract. If you have questions when filling 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 OWNER INFORMATION

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Annuity Contract Number

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Phone Number

Owner/Trustee Name

Joint Owner/Co-Trustee Name

2 BENEFICIARY INFORMATION *(Complete this section to update or change the beneficiary information on the contract.)*

Please list below all Primary Beneficiaries and Contingent Beneficiaries for this annuity contract. Indicate percentage allocated to each. Total percentages should equal 100%. If no percentages are indicated, the proceeds will be divided equally among Beneficiaries. (If additional space is needed, please attach a separate piece of paper.)

IMPORTANT POINTS:

- If the owner of the contract is a trust, we require that the trust be named the Primary Beneficiary.
- For custodial accounts, please designate the minor's estate as the Primary Beneficiary.
- If you designate a will or testamentary trust as a Beneficiary, please attach a copy of your most recent will.

NOTE FOR RETIREMENT RESERVES CONTRACTS (Contracts beginning with: 321; 323; FC or 900): If your spouse is a Joint Owner and your intent is to continue the contract upon either Owner's death, please designate both Owners as the Primary Beneficiaries.

Primary Beneficiary(ies)

1. _____ Name	_____ Relationship	_____ SS# or Tax ID	____/____/____ DOB	____% Share %
_____ Address			_____ Phone Number	
2. _____ Name	_____ Relationship	_____ SS# or Tax ID	____/____/____ DOB	____% Share %
_____ Address			_____ Phone Number	
3. _____ Name	_____ Relationship	_____ SS# or Tax ID	____/____/____ DOB	____% Share %
_____ Address			_____ Phone Number	
4. _____ Name	_____ Relationship	_____ SS# or Tax ID	____/____/____ DOB	____% Share %
_____ Address			_____ Phone Number	
5. _____ Name	_____ Relationship	_____ SS# or Tax ID	____/____/____ DOB	____% Share %
_____ Address			_____ Phone Number	

**Total share amount
should equal 100%**

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2 **BENEFICIARY INFORMATION** *(Continued)*

Contingent Beneficiary(ies)

1.	Name	Relationship	SS# or Tax ID	DOB / /	Share %	%
	Address				Phone Number	
2.	Name	Relationship	SS# or Tax ID	DOB / /	Share %	%
	Address				Phone Number	
3.	Name	Relationship	SS# or Tax ID	DOB / /	Share %	%
	Address				Phone Number	
4.	Name	Relationship	SS# or Tax ID	DOB / /	Share %	%
	Address				Phone Number	
5.	Name	Relationship	SS# or Tax ID	DOB / /	Share %	%
	Address				Phone Number	

**Total share amount
should equal 100%**

NOTE: The percentage allocated to Primary and Contingent Beneficiary(ies) must be in whole numbers and must add up to 100%. If nothing is indicated, the proceeds will be divided equally among Beneficiaries.

3 **AUTHORIZED SIGNATURES** *(All owners listed in Section 1 must sign below)*

SIGNATURE OF OWNER/TRUSTEE

DATE

X

SIGNATURE OF JOINT OWNER/TRUSTEE (IF APPLICABLE)

DATE

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