

If you experience any difficulty executing this form, please ensure you are using the recommended **Adobe version 7.0.9** which can be downloaded at www.adobe.com.

Annuity Services Power of Attorney Form

Instructions

- Use this form to establish an individual as "Authorized Agent" with Power of Attorney 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.
- This form cannot be used for trust and custodial registration.
- To ensure completeness, please use the "Print" button located at the end of the form.

*Required fields

Contract Information		
*Contract Number:		
*Best Telephone Contact: <input type="radio"/> Domestic <input type="radio"/> Foreign	*Phone Number: () -	
*Owner's First Name:	*Owner's Last Name:	
*Is there a Joint Owner: <input type="radio"/> Yes <input type="radio"/> No		
Authorized Agent Info		
*Authorized Agent's Name:		
*Agent's Social Security No.: - -		
*Address 1:		
Address 2:		
*City:	*State:	*Zip: -
*Agent's DOB:	*Agent's Phone Number: () -	
X Signature of Authorized Agent:		X Signature Date:



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Authorization and Powers of Authorized Agent

The undersigned owner, , of variable annuity contract number issued by the Company¹, authorizes (whose signature appears above) as the agent and Attorney in Fact (the "Authorized Agent") to:

Exercise all ownership rights of the Policy in accordance with the terms and conditions of the Company including:

- the right to cancel or exchange the Contract and receive the cash surrender or withdrawal value.
- the right to choose one or more income plans on canceling the Contract for the cash surrender or withdrawal value
- the right to collaterally assign the Contract
- the right to change the beneficiary and make assignments
- the right to make inquiries and receive information as to the cash surrender or withdrawal value and death benefit of the Contract

¹The Company refers to Fidelity Investments Life Insurance Company, or in New York, Empire Fidelity Investments Life Insurance Company.

Effect of this Power

The Company is authorized to follow the instructions of the Authorized Agent to perform the functions as described in this form. The Company shall assume no responsibility for reviewing or monitoring any investment decision or activity of the Authorized Agent. The undersigned agrees to indemnify and hold the Company harmless from, and pay the Company promptly upon demand for, any and all losses or financial obligations which may arise from the acts or omissions of the Authorized Agent with respect to the Contract.

Duration of Authorization and Applicable Law

This authorization is a continuing and durable one. It shall remain in full force and effect until the Company is notified of the undersigned's death, regardless of any disabilities or incapacities which may be incurred, unless revoked through written notice delivered to the office of the Company. Such revocation, however, shall not affect any prior liability resulting from any transactions initiated before the receipt of the revocation by the Company.

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Name of Owner:	
X Signature:	X Signature Date:
Notarization	
State of _____, in the County of _____ subscribed and sworn to before me by the above-named Owner who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on ___ / ___ / _____.	
X Notary Public Signature:	X Signature Date:
Seal:	
My Commission Expires: ___ / ___ / _____	

Please be sure that all required signatures and dates, as noted by "X," are added to this form prior to submission.

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Please mail this form to:

Fidelity Investments
Life Insurance Company
P.O.Box 770001
Cincinnati, OH 45277-0050

If your contract was issued in the state of NY,
Please use this mailing address:

Empire Fidelity Investments
Life Insurance Company
P.O.Box 770001
Cincinnati, OH 45277-0051

Or Overnight:

Fidelity Investments
100 Crosby Parkway
Mail Zone: KC2Q
Covington, KY 41015

Fidelity Investments
Life Insurance Company
Empire Fidelity Investments
Life Insurance Company®



Smart move.®

Fidelity Investments Life Insurance Company is licensed in all states except New York. In New York, insurance products are issued by Empire Fidelity Investments Life Insurance Company®, New York, N.Y. Products may not be available in all states. The contract's financial guarantees are solely the responsibility of the issuing insurance company.