

## Fidelity Investments Life Insurance Company Information Request Form

For more information about a Fidelity Investments Life Insurance Company (FILI) or Empire Fidelity Investments Life Insurance Company® annuity, please fill out the information below and submit it to your FILI Advisor Relationship Manager. Your licensed Advisor Relationship Manager will contact you if there are additional questions.

Advisor Relationship	p Manager will contact you if there	are additional questions.		
FROM:				
Firm Name				
			Ta	
Primary Contact Name			Daytime Phone	Extension
G#(s) to be linked to this a	nnuity. Note: If no G#s are listed, contract will be I	linked to the primary G#		
and, to be linked to this th	initially. Note: If he diss are listed, confident will be i	initied to the primary on.		
1. Client O	wner Information			
	Does the client want their annuity	balance on their existing bro	okerage account statement?	
	Yes If yes, account number:	Account Number	Owner Email	
	☐ No			
	Client Owner Name		Client Phone	
	Cheff Gwilet Hame		GIETE FROITE	
	Mailing Address			
	-			
	City	State/Province ZIF	P/Postal Code Country	
	Social Security or Taxpayer ID Number	ate of Birth MM DD YYYY		
			Married: Yes No	
	Joint Owner Name If applicable.			
	Social Security or Taxpayer ID Number D	ate of Birth MM DD YYYY	Joint Owner Email	
	Are the owner and joint owner ma	rried?		
	☐ Yes ☐ No			
A				
Annuitants It diffe	erent from client owner.			
	Ivallie			
	Social Security or Taxpayer ID Number	ate of Birth MM DD YYYY	Email	
	Name			
	Carial Carreits and Trail 10 At 1	State of Direct Anna Do Money	Ferri	
	Social Security or Taxpayer ID Number D	ate of Birth MM DD YYYY	Email	

<sup>1</sup>In New York, Empire Fidelity Investments Life Insurance Company®, New York, N.Y.

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## 2. Beneficiary Information Of Client Owner

Name of Person, Trust, or Entity		Relationship	
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage (Whole %)	
		%	
Name of Person, Trust, or Entity		Relationship	
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage (Whole %)	
		%	
Name of Person, Trust, or Entity		Relationship	
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage (Whole %)	
		%	

Additional beneficiaries can be added.

Please indicate on a separate page.

Total of all percentages must equal 100%.

## 3. 1035 Exchange Information Please include a copy of the statement with this form.

	Name of Surrendering Insu	Surrendering Insurance Company Full Name of Pro		Full Name of Product at t	Product at the Surrendering Insurance Company	
	Contract Number		Approximate Cash Value		Guaranteed Minimum Death Benefit	
			\$		\$	
	Is the annuity contrac	ct being exchange	d qualified?			
	Yes Note: Fine No Note: Fine No No		irement Annuity® d	oes not accept qual	lified monies.	
		yes, contract numb	Der: Contract Number			
	Does the existing annuity have surrender charges?					
	Yes If yes:	Surrender Charge Amou	int	Surrender Charge End D	Note: Provide the date if applicable, even if the date has passed.	
	Please explain the backlient's best interest:	asis for recommend	ding the annuity pu	rchase or replaceme	ent transaction and why it's in the	
Check all that apply. 🕨	Cost savings					
	☐ Consolidation					
	Better customer	service				
	☐ Fund selection					
	Other: Comment					
			10	35 Exchange Infor	mation continues on next page.	

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Please provide the following information based on the type of annuity being exchanged. Variable Annuity Mortality and Expense Charge (M&E) % Does the existing annuity have a fixed rate available? ☐ Yes If yes: Fixed Rate Amount ☐ No % Does the existing annuity have a living benefit base amount? Yes If yes: Living Benefit Base Amount ☐ No \$ Does the existing annuity have riders? Yes If yes: Rider Charges/Fee Amount ☐ No % **Fixed Annuity** Current Interest Rate % Guaranteed Minimum Interest Rate % **Indexed Annuity** Annuitization Value \$ Life Insurance Planned Annual Premium Reason for giving up the death benefit: Check all that apply. ▶ ☐ Client no longer wants to pay the premium. Client has other insurance products that meet coverage needs. ☐ Client has sufficient liquid assets to meet needs.

Form continues on next page.

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Other:

Comment

## 4. Investor Profile This section must be complete; the application cannot be processed without this information.

Total number of owner's and joint owner's depen	dents? Total Number			
What is your risk tolerance for this investment?	☐ Conservative ☐ I	Balanced Growth		☐ Most Aggressive
What is your annual income?	Less than \$25,000	\$25,000- \$50,000	\$50,000- \$100,000	Greater than \$100,000
Why are you purchasing the annuity?	Tax-deferred accumulation	Estate planning	Other If checked,	comment required.
What is your time horizon for this annuity? How long until the client plans to surrender this annuity?	Less than 10 years If checked, comment required.  Comment		10 or more years	Annuitize upon retirement
What is your investment experience?  Please enter the number of years for each investment.	Stocks Years	Bonds  Years	Mutual funds  Years	Annuities  Years
What is your federal tax bracket?	☐ 12% or less	☐ 22% ☐ 24%	□ 32% □ 35%	□ 37%+
What is your estimated net worth? Include all assets minus primary residence.	Less than \$150,000	\$150,000- \$500,000	Greater than \$500,000	
What percentage describes your monthly nondiscretionary expenses?	Less than 50%	50%-80%	☐ Greater than 80%	
Are you retired?  Yes If no: Occupation  No				
Is the joint owner retired?				
Yes If no: Occupation No				
Your total investment in this and all other annuities	Amount \$			
Estimated liquid net worth:  Amount \$				
Have you replaced an annuity contract within the  Yes  No	past 36 months?			

Investor Profile continues on next page.

Do you have any existing life insurance policies or annuities?
Yes
□ No
Are either you or your spouse an active duty member of the United States Armed Forces?
Yes
$\square$ No
Will a third party (power of attorney or attorney-in-fact) be appointed to act on your behalf for this annuity contract?
Yes
□ No
Have you been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return?
Yes
□ No

4. Investor Profile, continued

Registered investment advisors are not appointed agents of Fidelity Investments Life Insurance Company, Empire Fidelity Investments Life Insurance Company, and/or Fidelity Insurance Agency, Inc. Any recommendation and/or information they provide about any specific Fidelity annuity is done so in their capacity as registered investment advisors, not as licensed insurance representatives of Fidelity.

Fidelity Brokerage Services LLC, Member NYSE, SIPC. 522807.10.0 (02/22)