

# Account Authority—Annuities

Use this form to grant a third party all the powers described below, or to provide updated information about a third party who already holds trading authority. Type on screen or print out and fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

## Helpful To Know

- Do not use this form for Brighthouse or MetLife Growth and Income<sup>SM</sup> annuities (contracts being with "8").
- This form **cannot** be used to add an individual who will be paid for the investment management of the contract(s).
- To grant view-only access via Fidelity.com for your Fidelity Insurance Network<sup>®</sup> contract(s), please complete a Web Access Request—Fidelity Insurance Network form.
- Fill out a separate form for each authorized agent.
- You don't need to complete this form for an owner—all contract owners already have trading authority.

## 1. Contract Number/Owner(s)

Phone numbers will be used if we have questions, but will not be used to update your account information. ▶

Contract Owner Name		
Joint Contract Owner Name <i>If applicable</i>		
Evening Phone	Daytime Phone	Extension

## 2. Contract(s) Included

List contracts that you want this form to apply to. To appoint a different Attorney-in-Fact for other contracts, use a copy of this form.

Annuity Contract Number	Annuity Contract Number	Annuity Contract Number
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## 3. Authority

Gives agent the authority to:

- view your annuity online
- receive information on cash value(s) of your annuity
- buy and sell funds in your annuity
- change allocations for your annuity

## 4. Existing Authorized Agents

Check only one.  Keep any existing authorized agents in place *Default if no choice indicated.*

Remove all existing authorized agents

Remove only the following authorized agent:

Name
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## 5. Add an Authorized Agent *Cannot be a minor. Sections 5 and 6 must be completed by the authorized agent.*

First Name	Middle Name	Last Name
Date of Birth <i>MM DD YYYY</i>	Social Security or Taxpayer ID Number	Relationship to Owner

Add an Authorized Agent continues on next page. ▶▶

**Legal/Residential Address**

Provide the address used for tax reporting. Cannot be a P.O. Box, mail drop, or c/o.

Address			
City	State/Province	ZIP/Postal Code	Country

**Mailing Address**

Same as legal/residential address.

Address			
City	State/Province	ZIP/Postal Code	Country

**Duplicate Materials**

Send account statements, trade confirmations, and related prospectuses to authorized agent.

**6. Authorized Agent Signature and Date** *Named authorized agent must sign and date.*

By signing below, you:

- Agree to be bound by the current and future terms of all agreements, and by any applicable disclosures, between the contract owner(s) and Fidelity.
- State that you are familiar with and understand the investment objectives of the contract owner(s) and will use only trading strategies that are consistent with these objectives.
- Certify that all information you provided is correct to the best of your knowledge.
- Grant us permission to obtain credit information, verify information you have provided, and perform a background check on you.
- Acknowledge that we may refuse to approve you as authorized agent, or may remove you as authorized agent from this or any other contract, at any time and for any reason.
- Certify that you will not be paid for the investment management related to the contract(s).

PRINT AUTHORIZED AGENT NAME	
AUTHORIZED AGENT SIGNATURE	DATE MM/DD/YYYY
<b>SIGN</b> X	X

*Initial here to confirm that you will not be paid for the investment management of the contract(s).*

**Required** ►

**7. Contract Owner Signatures and Dates** *ALL account owner(s) must sign and date.*

By signing below, you:

- Acknowledge that you have read, understand, and accept all the terms described in this form.
- Authorize Fidelity to act on all instructions given on this form.
- Designate the individual identified in this form as your authorized agent, granting that individual the ability to place all orders exchanged in your contract.
- Certify that you are not adding an individual who will be paid for his or her investment management of the contract(s).
- Certify that you are the registered owner(s) of the contract identified in Section 1, and that all information you provided is correct to the best of your knowledge.
- Agree that once granted to an authorized agent, trading authority will remain in effect until any of the following occurs:
  - We receive written notice signed by all owner(s) withdrawing trading authority.
  - We receive notice of resignation from the authorized agent.
- We receive notice of the death or incapacity of the last surviving contract owner or the authorized agent.
- We become aware of sufficient cause, in our judgment, to remove the authorized agent.
- Indemnify Fidelity and its agents, affiliates, successors, and employees from any loss, expense, or cost arising out of any action or failure to act on the part of the authorized agent.

CONTRACT OWNER NAME	
SIGNATURE	DATE MM/DD/YYYY
<b>SIGN</b> X	X

JOINT CONTRACT OWNER NAME	
SIGNATURE	DATE MM/DD/YYYY
<b>SIGN</b> X	X

Form continues on next page. ►►



**Did you sign the form, and attach any necessary documents?** Send the form and any necessary documents to Fidelity.

**Regular Mail** *Except NY*

Annuity Service Center  
P.O. Box 770001  
Cincinnati, OH 45277-0050

**Regular Mail** *NY only*

Annuity Service Center  
P.O. Box 770001  
Cincinnati, OH 45277-0051

**Overnight Mail**

Fidelity Investments  
100 Crosby Parkway, KC2Q  
Covington, KY 41015

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*Fidelity Brokerage Services LLC, Member NYSE, SIPC. 493082.10.0 (12/17)*

