

Fidelity Insurance Network— Web Access Request

Use this form to authorize Fidelity to grant view-only access via Fidelity.com for your Fidelity Insurance Network' contract(s) to another individual ("Interested Party"). Type on screen or print out and fill in. For best results, use CAPITAL letters and black ink. Need more room for information or signatures? Use a copy of the relevant page or a blank sheet.

1		Contract	Owners
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			the state of the s		_				_
Phone numbers will be	Name of Owner or Trust			Phone					
used if we have gues-									
tions, but will not be									
used to update your	used to update your Name of Joint Owner or Authorized Person								
account information.									
2. Annuity C	Contract(s) Incl	uded							
	Contract Number		Contract Issuer						
	Contract Number		Contract Issuer						
3 Interested	d Party Inform	ation							
J. IIIterested	a raity illioilli	ation							
To grant view-only	Name				Social S	ecurity or	Taxpaye	r ID Nur	nber
access to the above									
contracts on	Address								
Fidelity.com, the Interested Party SSN/	Address								
Tax ID is required.									
	City			State			ZIP		
	Date of Birth MM DD YYYY	Phone							
	THORE								
	Relationship:								
	POA Custodian Trustee Administrator/Interested Party								
	L POA L C	ustodian	☐ Trustee ☐ Ac	aministrator/i	ntereste	ed Party	/		
4. Signature	es and Dates	ALL Contract	Owners must sian						
- Orginature		TEE CONTINUE	ewners mast sign.						
By signing below, you	:	Acknowledge the state of t	nat it is your responsibility to	 Acknowle 	dge tha	t the int	erested	d party	autho-
Authorize view-only a		maintain and ke	eep track of any Interested	rization wi	II remaii	n on yo	ur annu		
listed in Section 2 to			that you authorize to access	until canc	eled by	the owr	ner(s).		
listed in Section 3.		your contract(s).	•						
Print Owner or Trustee Nam				1					
Fillit Owner or trustee thair	ie								
Owner or Trustee Sig	ner or Trustee Signature Date A								
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Z									
<u>s</u>									
Print Joint Owner or Trustee	e Name								
Joint Owner or Trust	ee Signature		Date MM DD YYYY						
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SIGN									
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Did you sign the form? Send the ENTIRE form to Fidelity. Questions? Call 1-800-634-9361.

Annuity Service Center PO Box 770001 PO Box 770001 100 Crosby Parkway, KC2Q Cincinnati, OH 45277-0050 Covington, KY 41015

Regular Mail

Overnight Mail Fidelity Investments

¹Fidelity Network of Insurance Providers includes third-party insurance carriers who issue annuities that are distributed by Fidelity Insurance Agency, Inc. They are not affiliated with any Fidelity Investments company. 562395.4.0

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