

Payee Change Fidelity Guaranteed Income Annuity

Use this form to add or change the payee(s) of an annuity. Type on screen or print out and fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

Helpful To Know

- To change the payee(s) of multiple contracts, submit a separate form for each contract.
- Taxes on all payments remain the responsibility of the owner, no matter who the payee is.
- You must already be a contract owner or an authorized individual, such as a custodian or trustee, to use this form.
- You cannot reassign ownership to another individual.

1. Contract to be Changed

	to be changed				
	Current Contract Owner/Measuring Life Nam	е		Annuity Contract Number	
	Current Joint Contract Owner/Measuring Life	Name If applicable.			
2. New Paye	ee				
Check no more than	Add a payee				
one option, and provide the required information.	Remove a current payee and replace with a new one				
	Name of Individual Being Removed	Piaco III.I. a II.o.I. o.i.o			
	5				
	Remove a current payee				
	Name of Individual Being Removed				
New Payee(s)					
Provide required	Payee Name			Social Security or Taxpayer ID Number	
nformation for EACH	. ayear tame				
payee you list.	Address				
Payees will receive an qual share of income	Address				
unless you specify	Cit	C /D . :	710/0 + 1 0 1		
a dollar amount or percentage.	City	State/Province	ZIP/Postal Code	Country	
	Daytime Phone	Extension	Amount	Percentage	
			\$	OR .0%	
	Device Name				
	Payee Name			Social Security or Taxpayer ID Number	
	Address				
	City	State/Province	ZIP/Postal Code	Country	
	Daytime Phone	Extension	Amount	Percentage	
			\$	OR .0%	

Form continues on the next page.



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3. Unallocated Income						
	emain after we have paid out all income you red ner(s) > Default if no choice is indicated.	quested in Section 2.				
4. Contract Owner(s) Sign	nature and Date All contract of	owners must sign and date.				
By signing below, you: • Authorize Fidelity to act on all instructions given on this form and understand how they will affect your contract.	 Affirm that you have read and understood your contract. Certify that all information you provided is correct to the best of your knowledge. 	Understand that your instructions will be effective as of the date your signed form has been accepted at the Annuity Service Center.				
Print Owner/Trustee Name						
Owner/Trustee Signature	Date MM DD YYYY					
Print Joint Owner Name						
Joint Owner Signature	Date MM DD YYYY					
<u>z</u>						

Did you sign the form? Send the ENTIRE form to Fidelity Investments. After the changes are registered, the you will receive a Revised Annuity Profile.

Questions? Call 1-800-634-9361.

Regular Mail Except NY Annuity Service Center PO Box 770001 Cincinnati, OH 45277-0050

Regular Mail NY only Annuity Service Center PO Box 770001 Cincinnati, OH 45277-0051

Overnight Mail Fidelity Investments 100 Crosby Parkway, KC2Q Covington, KY 41015

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