



# Durable Power of Attorney–Affidavit and Indemnification, Annuities

Use this form to certify the validity and effectiveness of the Durable Power of Attorney (POA) that granted you the power to act on behalf of the contract owner of the Fidelity contracts listed on this form and to indemnify Fidelity. Do NOT use this form for custodial contracts.

## What do I need to know?

It is important to ensure you have the correct form. If you cannot check all three of the boxes in this section, do not complete this form: instead, please locate the correct Power of Attorney form by accessing [Fidelity.com/poa](https://www.fidelity.com/poa) and clicking where indicated for annuity customers.

- I am submitting this form as an authorized agent for an owner of an annuity contract.
- I have a legal POA document that names me as agent for the contract owner.
- I am not submitting this request for a Brighthouse Growth and Income<sup>SM</sup> or a MetLife Growth and Income<sup>SM</sup> product (annuity contract number begins with "83" or "81").

## Checklist for this form:

Please be sure to include the following:

- A signed copy of the complete legal POA document naming you as agent for the contract owner. Please note: If the POA was drafted to become effective upon the happening of an event or contingency, the supplementary documents, in accordance with the legal POA, are required for processing this request.
- The annuity contract owner information.
- The complete agent information in the "Attorney-in-Fact" section of the form.
- Your signature and initials, notarized within the last 90 days, in the "Attorney-in-Fact Signature and Date" section of the form.

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Use this form to certify the validity and effectiveness of the Durable Power of Attorney (POA) that granted you the power to act on behalf of the contract owner of the Fidelity contracts listed on this form and to indemnify Fidelity. Do NOT use this form for custodial contracts. 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? Make a copy of the relevant page.

## Helpful to Know

- The Attorney-in-Fact's signature **MUST** have been notarized within 90 days of receipt by Fidelity.
- You must also submit a copy of the POA documents naming you the Attorney-in-Fact for the contract owner, as well as copies of any supporting documents, along with this form.
- For Brighthouse and MetLife Growth and Income<sup>SM</sup> annuities (contract begins with "8"), instead of this form, please complete the Certification of Attorney-in-Fact form for Brighthouse and MetLife Growth and Income<sup>SM</sup> Annuities form.
- Each Attorney-in-Fact added to a contract must complete and submit a separate form.
- This form cannot be used to add an individual who will be paid for the investment management of the contract(s).
- Important to Note: Once you have been added as Attorney-in-Fact, there will be a 30-day restriction on making withdrawals that total more than \$10,000 from the account, but exceptions can be made in certain situations. Please contact a Fidelity representative for more information.

### Trust Accounts

- If you are adding POA to a trust account, your POA document MUST clearly state that the trustee is delegating his or her fiduciary responsibilities.

## 1. Contract Owner

Phone numbers are for questions about this request only; they will not update your Fidelity contact information.

First Name	Middle Name	Last Name
Social Security or Taxpayer ID Number		Phone
		Extension

## 2. Contract(s) Included

Eligible annuity contracts include ONLY those issued by Fidelity Investments Life Insurance Company and, in New York, Empire Fidelity Investments Life Insurance Company only. **Annuity contracts purchased through the Fidelity Insurance Network<sup>®</sup> or issued by Brighthouse Life Insurance Company or MetLife Insurance Company require a different form.**

If you do NOT check this box, we will only list the Attorney-in-Fact on the eligible contracts listed below.

- ALL eligible annuity contracts (see above) currently maintained at Fidelity that are owned by the above contract owner, either individually or jointly, as evidenced by the fact that the Social Security number noted above is associated with the contract.

**OR**

ONLY these contracts: Do not list contract numbers here if you checked the "ALL eligible annuity contracts" box above.

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

Contract Number	Contract Number	Contract Number

Form continues on next page. ►►

### 3. Attorney-in-Fact

*Be sure to provide your full legal name.*

First Name	Middle Name	Last Name	
Social Security or Taxpayer ID Number	Date of Birth MM DD YYYY	Daytime Phone	Extension

#### Residential Address (where you live)

*Cannot be a P.O. Box, mail drop, or c/o.*

Address			
City	State/Province	ZIP/Postal Code	Country

#### Mailing Address

Same as residential address

Address			
City	State/Province	ZIP/Postal Code	Country

**Duplicate Materials** Please note copies of correspondence are hard-copy delivered via U.S. Mail.

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

### 4. Attorney-in-Fact Signature and Date **Named Attorney-in-Fact must sign and date this section within 90 days of receipt by Fidelity in the presence of a notary public.**

By signing below, you:

- Affirm that you have read, and that you understand and agree to be bound by, the provisions of this form as well as (and without limitation) the terms and conditions governing Fidelity's relationship with the contract owner as set forth in the contract, as is currently in effect and as may be amended in the future.
- Affirm that you are the individual named in the document(s) appointing the Attorney(s)-in-Fact for the contact owner named in Section 1 and the contract(s) listed in Section 2.
- Accept appointment as Attorney-in-Fact for the contract owner, according to all terms and conditions described in this form.
- Affirm that the contract owner is not deceased, has not partially or totally revoked, suspended, or terminated the authority delegated and that there is no petition pending to determine the incapacity or to appoint a guardian for the contract owner.
- Agree not to issue or relay any instructions that you believe to be inconsistent with your powers or responsibilities as Attorney-in-Fact.
- Agree to identify yourself as Attorney-in-Fact when signing documents on behalf of the contract owner, using either of these accepted forms: "[contract owner name] by [your signature] as Agent," or "[your signature] as Agent for [contract owner name]".
- Indemnify and hold Fidelity harmless from and against any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from transactions made in accordance with your instructions. You further agree that the indemnifications in this bullet are in addition to, and do not limit, any rights that Fidelity may have under any other agreement with you.
- Represent and warrant that, if the POA delegates any authority in connection with a trust, (i) you are permitted to exercise such authority under the governing trust instrument(s) and applicable law, and (ii) you agree to indemnify and hold harmless Fidelity from any claim, loss, expense, or other liability arising out of or in connection with your exercise of such authority.
- Agree that Fidelity may restrict or suspend your ability to remove money from the contract(s) listed in Section 2.
- Agree to serve as Attorney-in-Fact, and acknowledge that you shall remain Attorney-in-Fact, until Fidelity has received what it considers to be satisfactory written notice of either the contract owner's death or your removal or resignation as Attorney-in-Fact. Written notice to the contract owner and to any co-agent, successor agent, or the contract owner's guardian (if one has been appointed), will ordinarily constitute satisfactory notice of resignation.
- Agree to cease acting as Attorney-in-Fact if you know, or have reason to know, that your capacity to act as Attorney-in-Fact has been limited or terminated for any reason.
- Represent that if there are multiple Attorneys-in-Fact authorized with respect to the contract(s) listed in Section 2, you are authorized to act severally or individually, and that Fidelity may follow any of your instructions independent of all other Attorneys-in-Fact, including the delivery of assets to you personally.
- Understand that in the event of any conflict between instructions given by Attorneys-in-Fact or by a contract owner and an Attorney-in-Fact, Fidelity may restrict the contract until it has received joint written instructions that it finds satisfactory.
- Certify that you will not be paid for the investment management related to the contract(s).

Attorney-in-Fact Signature and Date continues on next page. ►►





Sign ONLY in the presence of a notary. This durable POA shall be governed by Utah law except with respect to its conflict of laws provisions.

PRINT ATTORNEY-IN-FACT NAME		Initial here to confirm that you will not be paid for the investment management of the contract(s).  <b>Required</b> ► Attorney-in-Fact Initials
ATTORNEY-IN-FACT SIGNATURE <span style="float: right;">DATE MM/DD/YYYY</span>		
SIGN	X	
	X	

**Important Note:** CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

**Notice to CA Residents:** A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

**Certificate of Acknowledgement of Notary Public** *Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.*

State of \_\_\_\_\_, in the County of \_\_\_\_\_, subscribed and sworn to before me by the above-named Attorney-in-Fact who is personally known to me or who has produced \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on \_\_\_/\_\_\_/\_\_\_\_\_.

PRINT NOTARY NAME	▼ NOTARY SEAL / STAMP ▼
NOTARY SIGNATURE <span style="float: right;">DATE MM/DD/YYYY</span>	
SIGN	X
	X

My commission expires \_\_\_/\_\_\_/\_\_\_\_\_.

<b>Did you sign the form and attach any necessary documents?</b> Send the ENTIRE form and any attachments to Fidelity Investments.  <b>Questions?</b> Go to <a href="http://Fidelity.com/poa">Fidelity.com/poa</a> or call 1-800-634-9361.	<b>Regular Mail</b> <i>Except NY</i> Annuity Service Center PO Box 770001 Cincinnati, OH 45277-0050	<b>Regular Mail</b> <i>NY only</i> Annuity Service Center PO Box 770001 Cincinnati, OH 45277-0051	<b>Overnight Mail</b> Fidelity Investments 100 Crosby Parkway, KC2Q Covington, KY 41015
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*Fidelity insurance products are issued by Fidelity Investments Life Insurance Company (FIL), and in New York, by Empire Fidelity Investments Life Insurance Company,® New York, N.Y. FIL is licensed in all states except New York. A contract's financial guarantees are subject to the claims-paying ability of the issuing insurance company.*

*Fidelity Brokerage Services LLC, Member NYSE, SIPC. 446062.13.0 (10/18)*

