

# Trustee Change — Annuities

Use this form to add or remove trustees on an existing, trust-owned Fidelity annuity contract. 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 trustees on multiple contracts, submit a separate form for each contract.

**Important Note:** If you are **adding** a trustee, you will need to certify your trust by providing a copy of the pages of the trust document that include the:

- full name of the trust
- trust date
- name of the updated or successor trustee(s) that match the trustee(s) listed in this form

Do not include the entire trust document.

### eDelivery

- You can sign up for eDelivery of certain financial information for this annuity. Simply access Fidelity.com/edelivery and click Sign up for eDelivery to select your delivery preferences.
- If you currently hold a Fidelity personal investing account or another annuity, the delivery preferences you have selected for your financial documents will automatically apply to similar documents (as available) for this annuity.
- ALL trustees, including new and remaining trustees, must sign and date this form.
- Any resigning trustee must provide a Medallion signature guarantee on this form.

Form continues on next page.

# 1. Contract/Trust to be Changed

	Trust Name	Annuity Contract Number									
2. Remove T	rustee(s) > Skip to Section 3 if you are NOT removing a trustee(s).										
For each trustee	Name of Trustee										
being removed, provide name and											
check one reason for removal.	Death Include a copy of the death certificate.										
.cmovai.	Resignation Resigning trustee must sign in Section 4.										
	Incapacitation Include copies of the pages from the trust that govern the appointment of a successor trustee, along with a letter signed by the attending physician on the physician's letterhead and dated within the past 90 days, which indicates a state of permanent mental incapacitation. Please do not send a copy of the whole trust.										
	Name of Trustee										
	Death Include a copy of the death certificate.										
	Resignation Resigning trustee must sign in Section 4.										
	Incapacitation Include copies of the pages from the trust that govern the appointment of letter signed by the attending physician on the physician's letterhead and dated within the of permanent mental incapacitation. Please do not send a copy of the whole trust.										

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# **3.** Add New Trustee(s) Skip to Section 4 if you are NOT adding a new trustee(s).

New Trustee															
	First Name	M.I.	S	Social Security or Taxpayer ID Number											
	Date of Birth MM DD YYYY Evening	Phone								Extens	ion				
	Legal/Residential Address														
Provide the address used for tax report- ing. Cannot be a	Address														
P.O. Box, mail drop, or c/o.	City State/Province ZIP/Postal Code Cc							Country							
Mailing Address  ☐ Same as legal/residential address ▷ Default if no other information indicated be Address															
	City	Sta	ite/Province	ZIP/Pos	ital Code	Count	ry								
Additional New Tru	<b>ustee</b> ▷ Skip to Section 4 if you are I	NOT na	aming an additio	nal ne	w trustee.										
	First Name	M.I.	Last Name			S	ocial S	ecu:	rity or	Тахра	yer ID N	lumber	·		
	Date of Birth MM DD YYYY Evening	Phone			Daytime Phone		Extension								
	Legal/Residential Address							_							
Provide the address used for tax report- ing. Cannot be a	Address														
P.O. Box, mail drop, or c/o.	City	Sta	ite/Province	ZIP/Pos	tal Code	Count	ry								
	Mailing Address			1											
	Same as legal/residential addres	s D D	efault if no other	inform	nation indicated	d belo	ow.								
	Address														
	City	Sta	te/Province	ZIP/Pos	tal Code	Count	ry								
								—							

Form continues. Next page MUST BE completed.

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## 4. Resigning Trustee(s) Signature and Date

ALL resigning trustees must sign and date. ▷ Skip to Section 5 if NO trustee is resigning.

By signing below, the undersigned hereby certifies that he or she is resigning as trustee of the above-named trust.

#### A Medallion signature guarantee is required if the value of the account is over \$10,000.

If the form is completed at a Fidelity Investor Center with all signers present, the Medallion signature guarantee is not required. You can get a Medallion signature guarantee from most banks, credit unions, and other financial institutions. A notary seal/stamp is NOT a signature guarantee.

PR	PRINT RESIGNING TRUSTEE NAME							
	RESIGNING TRUSTEE SIGNATURE							
SIGN	X							
	TODAY'S DATE MM-DD-YYYY							
DATE	X							

→ MEDALLION SIGNATURE GUARANTEE →	

Individual providing signature guarantee Providing this information will avoid delay or rejection of your request.

Guarantor Name	Phone						E	Extension				
									- 1			

### 5. Trustee Signature(s) and Date All new, and any remaining trustees, must sign and date.

By signing below, you:

- Affirm that you have read and understood the contract for this annuity.
- Affirm that all trustees of the trust have signed this form.
- Acknowledge that each trustee is authorized,
   Agree to notify Fidelity immediately of any under the terms of the trust, to exercise ownership rights under the contract.
- Understand that each trustee can act independently in relation to this annuity contract.
- Certify that all information you provided is correct to the best of your knowledge.
- · Accept that this form supersedes any previously provided certifications.
- change in fact or circumstance for yourself or any other trustee.
- Understand that for this contract to qualify for tax deferral, a trust must hold the contract "as an agent for a natural person(s)," IRC Section 72(u)(1).
- Acknowledge that Fidelity has not provided, and will not provide, tax advice, and that the trustees, not Fidelity, are responsible for any tax consequences of ownership of this contract by a trust.



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

Annuity Service Center PO Box 770001 Cincinnati, OH 45277-0050

Regular Mail Except NY

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

Fidelity Investments 100 Crosby Parkway, KC2Q Covington, KY 41015

Overnight Mail

Questions? Call 1-800-634-9361.

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Fidelity Brokerage Services LLC, Member NYSE, SIPC. 634453.4.0 (09/17)

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