Print Reset Save

Fidelity INVESTMENTS **Questions on your annuity?** Call 800-634-9361.

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.

1. Contract/Trust to Be Changed

Trust Name	Annuity Contract Number

2. Remove Trustee(s) ▷ *Skip to Section 3 if you are NOT removing a trustee(s).*

For each trustee being removed, provide name and check one reason for removal.

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 a successor trustee, along with a letter signed by the attending physician on the physician's letterhead and dated within the past 180 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 a successor trustee, along with a letter signed by the attending physician on the physician's letterhead and dated within the past 180 days, which indicates a state of permanent mental incapacitation. Please do not send a copy of the whole trust.*

Form continues on next page. ▶▶

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

New Trustee

First Name	M.I.	Last Name	Social Security or Taxpayer ID Number

Date of Birth *MM DD YYYY*	Evening Phone	Daytime Phone	Extension

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 ▷ *Default if no other information indicated below.*

Address			
City	**State/Province**	**ZIP/Postal Code**	**Country**

Additional New Trustee ▷ *Skip to Section 4 if you are NOT naming an additional new trustee.*

First Name	M.I.	Last Name	Social Security or Taxpayer ID Number

Date of Birth *MM DD YYYY*	Evening Phone	Daytime Phone	Extension

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 ▷ *Default if no other information indicated below.*

Address			
City	**State/Province**	**ZIP/Postal Code**	**Country**

Form continues. Next page MUST BE completed. ▶▶

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.***

PRINT RESIGNING TRUSTEE NAME

MEDALLION SIGNATURE GUARANTEE

SIGN

RESIGNING TRUSTEE SIGNATURE

X

DATE

TODAY'S DATE *MM-DD-YYYY*

X

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

Guarantor Name	Phone	Extension

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, 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.
- Agree to notify Fidelity immediately of any 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.

PRINT TRUSTEE NAME

TRUSTEE SIGNATURE **DATE** *MM/DD/YYYY*

SIGN X X

PRINT ADDITIONAL TRUSTEE NAME

ADDITIONAL TRUSTEE SIGNATURE **DATE** *MM/DD/YYYY*

SIGN X X

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.

Questions? Call 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

Fidelity insurance and annuity products are issued by Fidelity Investments Life Insurance Company ("FILI"), and, in New York, by Empire Fidelity Investments Life Insurance Company® ("EFILI"), New York, N.Y. FILI is licensed in all states except New York; EFILI is licensed only in New York. Fidelity Insurance Agency, Inc. and, in the case of variable annuities, Fidelity Brokerage Services, Member NYSE, SIPC, are the distributors. A contract's financial guarantees are subject to the claims-paying ability of the issuing insurance company. *634453.6.0 (09/26)*