

# Beneficiaries – Retirement Reserves Annuities (issued in New York)

Use this form to add or change the annuitant or owner beneficiaries of your Retirement Reserves annuity contract (issued in New York only). Type on screen or print out and fill in. For best results, use CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page or use a blank sheet.

## Helpful to Know

- **File one form per contract.** If you have multiple contracts, complete a separate form for each contract.
- **For Custodial Contracts,** the minor's estate must be the primary annuitant beneficiary.
- You may want to review this document with a tax, financial, or legal advisor.
- Any new information you provide replaces information we have on file. If updating annuitant beneficiary information, be sure to list ALL the annuitant's primary AND contingent beneficiaries, and also do so if updating owner beneficiaries.

## 1. Contract Owner(s)

**Trust and UGMA/UTMA Accounts:**  
Provide names of authorized individuals in the Contract Owner fields.

Contract Owner Name	Annuity Contract Number
Joint Contract Owner Name <i>if applicable</i>	
Trust or Entity Name <i>if applicable</i>	

## 2. Annuitant Beneficiaries

### Primary Beneficiaries

For each beneficiary listing, provide all required information.

If you want a beneficiary's share to go to his or her legal descendants (biological or legally adopted children) in the event that you outlive the beneficiary, check "per stirpes."

**For jointly owned Retirement Reserves contracts,** to continue the contract upon either owner's death, the joint owner must be listed as the annuitant primary beneficiary.

Name of Person, Trust, or Entity		Phone	
Address Street, City, State, ZIP Code			Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage %	<input type="checkbox"/> Per stirpes
Name of Person, Trust, or Entity		Phone	
Address Street, City, State, ZIP Code			Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage %	<input type="checkbox"/> Per stirpes
Name of Person, Trust, or Entity		Phone	
Address Street, City, State, ZIP Code			Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage %	<input type="checkbox"/> Per stirpes
Total must add up to 100%			<input type="text"/> %

Annuitant Beneficiaries continues on next page. ►►

### Contingent Beneficiaries

Contingent beneficiaries receive assets if no primary beneficiaries survive you.

Name of Person, Trust, or Entity			Phone		
Address Street, City, State, ZIP Code					Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage	<input type="checkbox"/> Per stirpes		
		%			
Name of Person, Trust, or Entity			Phone		
Address Street, City, State, ZIP Code					Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage	<input type="checkbox"/> Per stirpes		
		%			
Name of Person, Trust, or Entity			Phone		
Address Street, City, State, ZIP Code					Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage	<input type="checkbox"/> Per stirpes		
		%			
<b>Total must add up to 100%</b>					%

### 3. Owner Beneficiaries

#### Primary Beneficiaries

For each beneficiary listing, provide all required information.

If you want a beneficiary's share to go to his or her legal descendants (biological or legally adopted children) in the event that you outlive the beneficiary, check "per stirpes."

**For jointly owned Retirement Reserves contracts,** to continue the contract upon either owner's death, list the owner that is also the annuitant as the owner primary beneficiary.

Name of Person, Trust, or Entity			Phone		
Address Street, City, State, ZIP Code					Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage	<input type="checkbox"/> Per stirpes		
		%			
Name of Person, Trust, or Entity			Phone		
Address Street, City, State, ZIP Code					Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage	<input type="checkbox"/> Per stirpes		
		%			
Name of Person, Trust, or Entity			Phone		
Address Street, City, State, ZIP Code					Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage	<input type="checkbox"/> Per stirpes		
		%			
<b>Total must add up to 100%</b>					%

Owner Beneficiaries continues on next page. ►►



**Contingent Beneficiaries**

Contingent beneficiaries receive assets if no primary beneficiaries survive you.

Name of Person, Trust, or Entity			Phone		
Address Street, City, State, ZIP Code					Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage	<input type="checkbox"/> Per stirpes		
		%			
Name of Person, Trust, or Entity			Phone		
Address Street, City, State, ZIP Code					Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage	<input type="checkbox"/> Per stirpes		
		%			
Name of Person, Trust, or Entity			Phone		
Address Street, City, State, ZIP Code					Relationship
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Share Percentage	<input type="checkbox"/> Per stirpes		
		%			
			Total must add up to 100% <input type="text"/> %		

**4. Signature and Date** Required. ALL Contract owners must sign and date.

By signing below, you:

- Acknowledge that the information in this form replaces any and all beneficiary information that may be on record for this annuity at the time this form is received in good order by Fidelity.
- Acknowledge and agree to all terms in the contract concerning beneficiaries.
- Acknowledge that only those beneficiaries who are alive on the contract owner's death ("date of death") will receive the assets of your contract.
- Acknowledge that Fidelity has no responsibility for the application of assets distributed to beneficiaries.
- Agree that by checking the "per stirpes" box next to a beneficiary's name, any sum payable to that beneficiary will be divided equally among the beneficiary's surviving legal descendants, if the beneficiary him- or herself is no longer living on the date of death.
- Acknowledge that "per stirpes" creates a category of beneficiaries (for example, the children of your daughter or son), and therefore may end up including individuals who are not yet born or adopted.
- Acknowledge that if no percentages are indicated, assets will be divided equally among primary beneficiaries that are living or have per stirpes descendants.
- Acknowledge that listing beneficiaries by name does NOT create a category, and that if you later want to include other beneficiaries (such as any children born to or adopted by you in the future), you will need to file a new beneficiary form with updated names and information.
- Agree that Fidelity has no obligation to locate any beneficiary, notify any person of any transfer of assets to beneficiaries, or to independently verify any information submitted by any person claiming an interest in your contract.
- Certify that for Fidelity-issued trust-owned annuities (excluding charitable remainder trusts), all beneficiaries are natural persons.

PRINT CONTRACT OWNER/TRUSTEE NAME	
CONTRACT OWNER/TRUSTEE SIGNATURE	DATE MM/DD/YYYY
<b>SIGN</b> X	X

PRINT JOINT CONTRACT OWNER NAME	
JOINT CONTRACT OWNER SIGNATURE	DATE MM/DD/YYYY
<b>SIGN</b> X	X

**Did you print the form and did all owners sign it?** Send the ENTIRE form to Fidelity Investments. After the changes are registered, you will receive a Revised Annuity Profile.

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

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

Fidelity insurance products are issued by Fidelity Investments Life Insurance Company (FILI), 100 Salem Street, Smithfield, RI 02917, and, in New York, by Empire Fidelity Investments Life Insurance Company,® New York, N.Y. FILI 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. 580832.5.0 (09/18)