



Term Beneficiary Change Form

Use this form to add or change the Beneficiaries on your policy. If you have questions when filling out this form, please call us at 888-343-8376, option 3, Monday through Friday, 8 a.m. to 5 p.m. Eastern time.

1 POLICY INFORMATION	
Policy Number	
Owner	Insured

2 BENEFICIARIES			
I hereby revoke all previous Beneficiary designations and all prior methods-of-settlement requests, if any, and elect to change the Beneficiary of the above-referenced policy to:			
Primary Beneficiaries For each beneficiary listing, please provide all required information.			
Name of Person, Trust, or Entity	Relationship	Phone	
Address <i>Street, City, State, ZIP</i>	Email		
Social Security or Taxpayer ID Number	Date of Birth or Trust (MM/DD/YYYY)	Share Percentage %	
Name of Person, Trust, or Entity	Relationship	Phone	
Address <i>Street, City, State, ZIP</i>	Email		
Social Security or Taxpayer ID Number	Date of Birth or Trust (MM/DD/YYYY)	Share Percentage %	
Name of Person, Trust, or Entity	Relationship	Phone	
Address <i>Street, City, State, ZIP</i>	Email		
Social Security or Taxpayer ID Number	Date of Birth or Trust (MM/DD/YYYY)	Share Percentage %	
		Total (Must add up to 100%)	%

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Secondary Beneficiaries For each beneficiary listing, please provide all required information.			
Name of Person, Trust, or Entity		Relationship	Phone
Address <i>Street, City, State, ZIP</i>		Email	
Social Security or Taxpayer ID Number	Date of Birth or Trust (MM/DD/YYYY)		Share Percentage %
Name of Person, Trust, or Entity		Relationship	Phone
Address <i>Street, City, State, ZIP</i>		Email	
Social Security or Taxpayer ID Number	Date of Birth or Trust (MM/DD/YYYY)		Share Percentage %
Name of Person, Trust, or Entity		Relationship	Phone
Address <i>Street, City, State, ZIP</i>		Email	
Social Security or Taxpayer ID Number	Date of Birth or Trust (MM/DD/YYYY)		Share Percentage %
		Total (Must add up to 100%)	%

Sample beneficiary designations and additional provisions relating to beneficiary designations can be found on the last page of this form.

SIGNED AT: CITY, STATE	DATE MM/DD/YYYY
X	

POLICY OWNER/AUTHORIZED INDIVIDUAL NAME

SIGNATURE
SIGN X

WITNESS (other than named Beneficiaries)

SIGNATURE
SIGN X

Mail to: Life Insurance Service Center, PO Box 724507, Atlanta, GA 31139
Overnight mail: Fidelity Investments, Suite 700, 3225 Cumberland Blvd SE, Atlanta, GA 30339

Instructions

This form provides for two classes of Beneficiaries—primary and secondary—but it is not necessary to designate Beneficiaries in both classes. Any corrections should be initialed by the signer; do not use correction fluid or tape.

Sample Beneficiaries Designations

1. Individual: Mary J. Doe, Wife, 123-45-6789, 01/01/1975, 123 Smith Road
2. Estate: Estate of the Life Insured
3. Trust: John A. Doe, Irrevocable Trust dated 1/1/2000. Mary J. Doe, trustee. *(In trust situations, be sure to include legal name of trust, date of trust and name of trustee(s). If applicable, also include the Tax ID # for the Trust.)*
4. Charity: Legal Name of Charity, 123 Smith Road *(Be sure to include full name and address of Charity being named.)*

Additional Provisions Relating to Beneficiary Designations

For the purpose of this Beneficiary designation, Life Insured means the individual upon whose death the proceeds are payable.

Naming of Beneficiaries: If a named Beneficiary is a minor or deemed incompetent, benefits will be payable to the legal guardian or conservator. Evidence of guardianship or conservatorship is required. Do not designate a class of people such as “the children of the insured.” Name all individuals in the appropriate section on the Beneficiary form.

Beneficiary Classification: Unless otherwise specified, Beneficiaries in the same class will share equally in any death benefit payable to them. If proceeds are payable in unequal shares, express the shares as a percentage of the proceeds payable. If a Beneficiary dies before the benefit is payable, his or her share will be allocated equally among any surviving Beneficiaries in the same class.

Payment to Beneficiaries: The Company will pay the death benefit as follows:

1. To any Primary Beneficiaries who are alive when a payment is due; or
2. If no Primary Beneficiary is then alive, to any Secondary Beneficiaries who are then alive; or
3. If no Beneficiary is then alive, to the policy owner if other than the Life Insured.