



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> | | | |
| 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> | | | |
| 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> | | | |
| Social Security or Taxpayer ID Number | Date of Birth or Trust (MM/DD/YYYY) | Share Percentage % | |
| | | Total (Must add up to 100%) | % |

Fidelity insurance products are issued by Fidelity Investments Life Insurance Company ("FIL"), 100 Salem Street, Smithfield, RI 02917, and in New York, by Empire Fidelity Investments Life Insurance Company,® New York, N.Y. FIL is licensed in all states except New York. The contract's financial guarantees are solely the responsibility of the issuing insurance company.

Fidelity Brokerage Services, Member NYSE, SIPC, and/or Fidelity Insurance Agency, Inc., are the distributors

Form continues on next page →

| 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> | | | |
| 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> | | | |
| 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> | | | |
| Social Security or Taxpayer ID Number | | Date of Birth or Trust (MM/DD/YYYY) | Share Percentage % |
| | | Total (Must add up to 100%) | % |

| | | | |
|---|------|--------|------|
| <i>Sample beneficiary designations and additional provisions relating to beneficiary designations can be found on the last page of this form.</i> | | | |
| Signed at: | this | day of | Year |

X

SIGNATURE OF CURRENT POLICY OWNER (if a corporation: a corporate officer, other than the insured, must sign)

X

SIGNATURE OF 2ND POLICY OWNER (if applicable)

X

WITNESS (other than named Beneficiaries)

X

WITNESS (other than named Beneficiaries)

Mail to: Life Insurance Service Center, P.O. Box 724507, Atlanta, GA 31139
Overnight mail: Fidelity Investments, Suite 300 3rd Floor, 6425 Powers Ferry Road, 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.