

Durable Power of Attorney— Affidavit and Indemnification, Life Insurance

Use this form to certify the validity and effectiveness of the Durable Power of Attorney (POA) that granted you the power to act on behalf of the policy owner of the Fidelity policy(ies) listed on this form and to indemnify Fidelity. Do NOT use this form for custodial policies. 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.

Helpful to Know

- The Attorney-in-Fact's signature **MUST** have been notarized within 90 days of receipt by Fidelity.
- **You must also submit a copy of the POA documents naming you the Attorney-in-Fact for the policy owner, as well as copies of any supporting documents, along with this form.**
- Each Attorney-in-Fact added to a policy must complete and submit a separate form.
- **Important to Note:** Once you have been added as Attorney-in-Fact, there will be a 30-day restriction on making withdrawals that total more than \$10,000 from the account, but exceptions can be made in certain situations. Please contact a Fidelity representative for more information.

Trust Accounts

- If you are adding POA to a policy owned by a trust, your POA document **MUST** clearly state that the trustee is delegating his or her fiduciary responsibilities.

1. Policy Owner

This phone number may be used if we have questions, but will not be used to update the policy information.

First Name	Middle Name	Last Name
Primary Phone		

2. Policy(ies) Included

Policy Number	Policy Number	Policy Number
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3. Attorney-in-Fact

Be sure to provide your full legal name.

Mobile phone number and email are required for account security, transactional alerts, and delivery of other communications.

First Name	Middle Name	Last Name
Social Security or Taxpayer ID Number	Date of Birth MM DD YYYY	
Mobile Phone	Secondary Phone	
Email		

Residential Address (where you live)

Cannot be a PO Box, mail drop, or c/o.

Address			
City	State/Province	ZIP/Postal Code	Country

Mailing Address

Same as residential address

Address			
City	State/Province	ZIP/Postal Code	Country

Form continues on next page. ►►

4. Attorney-in-Fact Signature and Date *Named Attorney-in-Fact must sign and date this section within 90 days of receipt by Fidelity in the presence of a notary public.*

By signing below, you:

- Affirm that you have read, and that you understand and agree to be bound by, the provisions of this form as well as (and without limitation) the terms and conditions governing Fidelity's relationship with the policy owner as set forth in the policy, as is currently in effect and as may be amended in the future.
- Affirm that you are the individual named in the document(s) appointing the Attorney(s)-in-Fact for the policy owner named in Section 1 and the policy(ies) listed in Section 2.
- Accept appointment as Attorney-in-Fact for the policy owner, according to all terms and conditions described in this form.
- Affirm that the policy owner is not deceased and has not partially or totally revoked, suspended, or terminated the authority delegated and that there is no petition pending to determine the incapacity or to appoint a guardian for the policy owner.
- Agree not to issue or relay any instructions that you believe to be inconsistent with your powers or responsibilities as Attorney-in-Fact.
- Agree to identify yourself as Attorney-in-Fact when signing documents on behalf of the policy owner, using either of these accepted forms: "[policy owner name] by [your signature] as Agent", or "[your signature] as Agent for [policy owner name]".
- Indemnify and hold Fidelity harmless from and against any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from transactions made in accordance with your instructions. You further agree that the indemnifications in this bullet are in addition to, and do not limit, any rights that Fidelity may have under any other agreement with you.
- Agree that Fidelity may restrict or suspend your ability to remove money from the policy(ies) listed in Section 2.
- Agree to serve as Attorney-in-Fact, and acknowledge that you shall remain Attorney-in-Fact, until Fidelity has received what it considers to be satisfactory written notice of either the policy owner's death or your removal or resignation as Attorney-in-Fact. Written notice to the policy owner and to any co-agent, successor agent, or the policy owner's guardian (if one has been appointed), will ordinarily constitute satisfactory notice of resignation.
- Agree to cease acting as Attorney-in-Fact if you know, or have reason to know, that your capacity to act as Attorney-in-Fact has been limited or terminated for any reason.
- Represent that if there are multiple Attorneys-in-Fact authorized with respect to the policy(ies) listed in Section 2, you are authorized to act severally or individually, and that Fidelity may follow any of your instructions independent of all other Attorneys-in-Fact, including the delivery of assets to you personally.
- Understand that in the event of any conflict between instructions given by Attorneys-in-Fact or by a policy owner and an Attorney-in-Fact, Fidelity may restrict the policy until it has received joint written instructions that it finds satisfactory.
- Certify that you will not be paid for the investment management related to the policy(ies).

Sign ONLY in the presence of a notary. This durable POA shall be governed by Utah law except with respect to its conflict of laws provisions.

PRINT ATTORNEY-IN-FACT NAME	
ATTORNEY-IN-FACT SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.

Notice to CA Residents: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Certificate of Acknowledgement of Notary Public *Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.*

State of _____, in the County of _____, subscribed and sworn to before me by the above-named Attorney-in-Fact who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on ____/____/____.

PRINT NOTARY NAME	NOTARY SEAL / STAMP
NOTARY SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

My commission expires ____/____/____.

Form continues on next page. ►►



Did you sign the form and attach any necessary documents?
Send the ENTIRE form and any attachments to Fidelity Investments.

Questions? Go to *Fidelity.com* or call 844.519.5433.

Regular Mail

Life Insurance Service Center
PO Box 770001
Cincinnati, OH 45277-00509

Overnight Mail

Fidelity Investments
100 Crosby Parkway, KC2Q
Covington, KY 41015

Fidelity insurance products are issued by Fidelity Investments Life Insurance Company (FIL), and, in New York, by Empire Fidelity Investments Life Insurance Company®, New York, N.Y. FIL is licensed in all states except New York. Other insurance products available at Fidelity are issued by third-party insurance companies, which are not affiliated with any Fidelity Investments company. A contract's financial guarantees are subject to the claims-paying ability of the issuing insurance company.

Fidelity Brokerage Services LLC, Member NYSE, SIPC. 1049381.3.0 (04/24)

