

# Letter of Advisor Authorization and Representation

This form should be used to establish an Advisor Firm and Authorized Advisor Representatives through Fidelity Investments Life Insurance Company.<sup>1</sup> For assistance in completing this form, please call 1-800-910-7899 between 8:00 a.m. and 6:00 p.m. Eastern time. Please mail this form to: Fidelity Investments Life Insurance Company, P.O. Box 770001, Cincinnati, OH 45277-0050. In New York: Empire Fidelity Investments Life Insurance Company, P.O. Box 770001, Cincinnati, OH 45277-0051.

## 1 ADVISOR FIRM INFORMATION *(This section to be completed by the Advisor Firm.)*

		-	
Advisor Firm Name	Tax ID Number		

Branch Location and/or Name (if applicable)

	-		-	
Street Address	Phone Number			

		State		Zip	
City					

Firm is a client of Institutional Wealth Services (IWS): Yes / No (please circle)  
 Institutional Wealth Services products and services are provided by Fidelity Brokerage Services, LLC.

## 2 AUTHORIZED REPRESENTATIVES OF ADVISOR FIRM *(Complete this section if firm will be providing discretionary Asset Management on client annuity contracts or insurance policies.)*

Authorized Point of Contact: Please provide the name(s) of the person(s) at your firm authorized to access and transact on this account. On line 1, please provide primary point-of-contact name and e-mail address where notifications should be sent informing you of legal mailings being sent to your customers.

(1) _____ Primary Point of Contact	_____ Primary Point of Contact's E-mail Address
(2) _____	(5) _____
(3) _____	(6) _____
(4) _____	(7) _____

It is important to keep this information up to date. Please review it periodically and inform Fidelity Investments Life Insurance Company of any changes.

**3 AUTHORIZED SIGNATURES** *(This section is to be completed by Advisor Firm's Authorized Principal.)*

I acknowledge that the investment advisory firm named above is not affiliated with, or an agent of Fidelity Investments or its affiliates, and is not authorized to make representations on behalf of Fidelity Investments.

I understand that neither Advisor, nor any person associated with Advisor, represents Fidelity Investments Life Insurance Company, Empire Fidelity Investments Life Insurance Company, and the non-affiliated insurance companies for whom Fidelity Insurance Agency, Inc. distributes insurance products.

I understand that only a person associated with Fidelity Investments Life Insurance Company, Fidelity Insurance Agency, Inc., and/or Empire Fidelity Investments Life Insurance Company (collectively the "Companies") can provide me with information about insurance products issued by the Companies. I understand that any recommendation and/or information provided by Advisor or any person associated with Advisor about any specific annuity or life insurance product is done so in the Advisor's capacity as a registered investment advisor, not as an insurance licensed representative of Fidelity Investments Life Insurance Company, Empire Fidelity Investments Life Insurance Company, and/or Fidelity Insurance Agency.

I understand that, without prior written consent from the contract owner, neither the Advisor nor any of its affiliates, nor any person associated with the Advisor, may deduct fees or request the deduction of fees for financial advisory services with regard to the management of annuity contracts or life insurance policies purchased through the Companies from any retirement account for which Fidelity Management Trust Company or any of its affiliates serves as custodian or trustee.

Fidelity is not responsible for ensuring that this information is kept current. It is the Advisor's responsibility.

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PRINTED NAME OF ADVISOR'S AUTHORIZED PRINCIPAL

**X**

SIGNATURE OF ADVISOR'S AUTHORIZED PRINCIPAL

DATE

<sup>1</sup> In New York, Empire Fidelity Investments Life Insurance Company,<sup>®</sup> New York, N.Y.

