

Deferred Variable Annuity Systematic Withdrawal Program

Use this form to request systematic withdrawals from your Deferred Variable Annuity. To take advantage of this program, you must have a minimum account balance of \$10,000. Please allow 30 days for this feature to be added to your account. If you have questions when filling out this form, please call the Annuity Service Center at 800-634-9361 Monday through Friday, 8 am to 8 pm Eastern Time. Faxes are not accepted.

1 CONTRACT OWNER INFORMATION

Contract Number

 - -

Phone Number

Owner's First Name

Owner's Last Name/Trust Name

Joint Owner's First Name

Joint Owner's Last Name

2 WITHDRAWAL INFORMATION

1. Indicate the **dollar amount** you would like to receive on a regular basis (minimum of \$100). \$, .

Your withdrawal will be taken from all your investment options proportionately, at the time of each withdrawal.¹ If a systematic withdrawal would bring the Contract Value below a certain dollar amount (\$2,500 for Fidelity Retirement Reserves[®] and \$5,000 for Fidelity Personal Retirement Annuity[®]) the systematic withdrawal will be made only for the amount that will reduce the Contract Value to \$2,500 for Fidelity Retirement Reserves,[®] and \$5,000 for Fidelity Personal Retirement Annuity,[®] and the systematic withdrawal option will automatically terminate. See your Deferred Variable Annuity prospectus for more details.

2. Indicate the **frequency** of the withdrawal: Monthly Quarterly Semiannually Annually

3. Write in the **month** you would like your withdrawals to begin: _____

4. Indicate the **day** of the month you would like your withdrawal to occur: (only dates from 1st to 28th are available)

NOTE FOR RETIREMENT RESERVES CONTRACTS: If your annuity is funded with qualified retirement plan assets (i.e., IRA rollover), the amount you request to withdraw may not meet the IRS Minimum Required Distribution (MRD)

3 TAX WITHHOLDING *(This section is for providing tax withholding instructions. Please read this carefully)*

The taxable portion of any withdrawal you receive from your Contract is subject to Federal Income Tax. Please indicate whether you'd like us to withhold taxes and the percentage to withhold. Whether or not you elect to have taxes withheld, you are still responsible for the full payment of federal, state, or local taxes and any penalties that may apply to your withdrawal. Taxable amounts withdrawn prior to age 59½ may be subject to a 10% IRS early withdrawal penalty tax. If you do not indicate a selection, 10% in Federal Income Tax will automatically be deducted from your distribution.

Please check one: I DO NOT want Federal Income Tax withheld.

I WANT Federal Income Tax withheld at the rate of ____ %.

4 PAYMENT INSTRUCTIONS *(Please specify one method for payment of proceeds)*

Indicate below how you wish to receive your payment.

Send check to my address of record.

Please make check payable and/or mail to: *(A signature guarantee is required if the check is made payable to someone other than owners, or is to be mailed to an address other than the address of record. Checks cannot be sent to other Financial Institutions.)*

Payee: _____

Mail check to: _____

Please continue →

¹ Investments in VIP Sector funds, VIP Overseas Portfolio, VIP Emerging Markets Portfolio and the VIP Intl Capital Appreciation Portfolio transferred or withdrawn in less than 60 days of purchase will be assessed a 1% fee, which is retained by the fund.

011000001

4 PAYMENT INSTRUCTIONS (CONTINUED)

Indicate below how you wish to receive your payment.

Please Transfer the proceeds to the following Non-Retirement Fidelity Account(s). (A signature guarantee is required if the ownership of the Brokerage or Mutual Fund Account is different than the ownership of this annuity.)

Fidelity Brokerage or Mutual Fund Account -
Account Number

Mutual Fund Name _____

Mutual Fund Number/Symbol

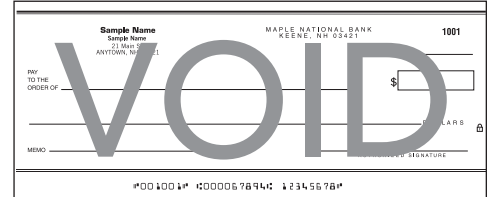
Please send the proceeds to my (our) bank account.

For this payment option, at least one common name must appear on both the bank account and the annuity account. Your units will be sold on the date you selected in section 2, the proceeds will be deposited to your bank account in 2-3 business days. Passbook savings accounts are not eligible and your bank must be a member of the Automated Clearing House (ACH) system.

Checking Account (please attach voided check)

Savings Account (please attach a bank statement or deposit slip)

Staple voided check here.



5 OWNERS SIGNATURES *(Signatures of all owners are required in every case)*

A Signature Guarantee is required if this request meets any one or more of the following criteria:

- The check or the account transfer is to be made to someone other than the registered owner of the contract.
- The check is to be mailed to an address other than that currently on record for the contract.
- The address of record on your contract has changed in the past 15 days.
- The withdrawal is for more than \$100,000.
- **Please Note: If a non-medallion signature guarantee stamp has been obtained, the authorized individual providing the signature guarantee must print his/her full name and provide a phone number they can be reached at to verify the signature guarantee. If this information is not provided or if Fidelity Investments is unable to verify the signature guarantee, your request may be delayed or rejected.**

X

SIGNATURE OF OWNER DATE

SIGNATURE GUARANTEE MEDALLION STAMP

X

SIGNATURE OF JOINT OWNER (IF APPLICABLE) DATE

SIGNATURE GUARANTEE MEDALLION STAMP

(Please print the following information)

INSTITUTION NAME

GUARANTOR NAME

GUARANTOR PHONE NUMBER

A signature guarantee is designed to protect you and Fidelity from fraud. You should be able to obtain a signature guarantee from a bank, broker (including Fidelity Investor Centers), dealer, credit union (if authorized under state law), securities exchange or association, clearing agency, or savings association. A notary public cannot provide a signature guarantee.

Please mail this form to: **Fidelity Investments Life Insurance Company, P.O. Box 770001, Cincinnati, OH 45277-0050**
Or in New York: **Empire Fidelity Investments Life Insurance Company, P.O. Box 770001, Cincinnati, OH 45277-0051**



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

494737.2.0

1.812962.104

Fidelity Brokerage Services, Member NYSE, SIPC