

Fidelity Investments Life Insurance Company¹ Information Request Form

Please fill out this form completely. For more information about a Fidelity Investments Life Insurance Company (FIL) or an Empire Fidelity Investments Life Insurance Company[®] annuity, please fill out the information below and fax this form to Fidelity's secure fax line at 877-330-2479.

To: _____

From: _____

1 CLIENT OWNER INFORMATION

Does client have a matching registration with Fidelity? If so, account number: _____

Client Owner Name

Street Address

City

State

Zip

____-____-____

Social Security Number

____-____-____

Date of Birth

Joint Client Owner Name (if applicable)

____-____-____

Social Security Number

____-____-____

Date of Birth

Is the address the same? Yes No

Married Retired

ANNUITANTS (if different from client owner)

Name

____-____-____

Social Security Number

____-____-____

Date of Birth

Name

____-____-____

Social Security Number

____-____-____

Date of Birth

2 1035 EXCHANGE INFORMATION *(Please include a copy of the statement or contract with this form.)*

Name of Surrendering Insurance Company

Full Name of Product at the Surrendering Insurance Company

What is the guaranteed minimum death benefit? \$ _____

Surrender charges? Yes No

Amount of charges: \$ _____

Contract Number: _____

Approximate cash value: \$ _____

¹In New York, Empire Fidelity Investments Life Insurance Company,® New York, N.Y.

3 BENEFICIARY INFORMATION *(of Client Owner)*

Name

 - -

Social Security Number

Relationship

%

Percentage

Name

 - -

Social Security Number

Relationship

%

Percentage

Name

 - -

Social Security Number

Relationship

%

Percentage

Additional beneficiaries can be added. Please indicate on a separate page.

4 INVESTOR PROFILE *(This section must be complete; the application can not be processed without this information.)*

Total number of owner's and joint owner's dependents?

What is your risk tolerance for this investment?	<input type="checkbox"/> Conservative	<input type="checkbox"/> Balanced	<input type="checkbox"/> Growth	<input type="checkbox"/> Aggressive Growth
What is your annual income?	<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$25,000–\$50,000	<input type="checkbox"/> \$50,000–\$100,000	<input type="checkbox"/> Greater than \$100,000
Why are you purchasing the annuity?	<input type="checkbox"/> Tax-deferred accumulation	<input type="checkbox"/> Estate planning	<input type="checkbox"/> Other	
What is your time horizon for this annuity?	<input type="checkbox"/> Less than 10 years	<input type="checkbox"/> 10 or more years	<input type="checkbox"/> Upon retirement	
What is your investment experience? <i>(Please enter a number of years for each investment.)</i>	<input type="checkbox"/> Stocks <input type="text"/> yrs.	<input type="checkbox"/> Bonds <input type="text"/> yrs.	<input type="checkbox"/> Mutual funds <input type="text"/> yrs.	<input type="checkbox"/> Annuities <input type="text"/> yrs.
What is your federal tax bracket?	<input type="checkbox"/> 15% or less	<input type="checkbox"/> 27%	<input type="checkbox"/> 30%	<input type="checkbox"/> 35%+
What is your estimated net worth? <i>(Include all assets.)</i>	<input type="checkbox"/> Less than \$150,000	<input type="checkbox"/> \$150,000–\$500,000	<input type="checkbox"/> Greater than \$500,000	
What percentage describes your monthly nondiscretionary expenses?	<input type="checkbox"/> Less than 50%	<input type="checkbox"/> 50%–80%	<input type="checkbox"/> Greater than 80%	

What is your total investment in this and all other annuities? \$

What is your estimated liquid net worth? \$

Have you replaced an annuity contract within the past 36 months? Yes No

Do you have any existing life insurance policies or annuities? Yes No

If yes, please provide details on existing life insurance policies or annuities.