

# Trust/Estate Claimant Statement Form— Deferred Annuity

Use this form to complete the settlement of your inherited deferred annuity contract. If you need more room for information or signatures, use a copy of the relevant page.

## Helpful to Know

- To process settlements on multiple contracts, submit a separate form for each contract.
- If you are claiming the proceeds as the **trustee** of a trust, you will need to provide a copy of the trust agreement pages that provide the:
  - trust name
  - trust date
  - names of trustee(s) and trustee(s) signatures
- If you are claiming the proceeds as an **executor** of an estate, you will need to provide the letters testamentary or administration.

## 1. Information about the Deceased

Name	Annuity Contract Number

## 2. Information about the Trust/Estate (Entity that will receive the proceeds.)

U.S. Taxpayer ID Number	Trust/Estate Name
Date of Trust MM DD YYYY	

## Legal/Residential Address

*Cannot be a P.O. box, mail drop, or c/o.*

Address			
Address			
City	State/Province	ZIP/Postal Code	Country

## Mailing Address

☐ Same as legal/residential address ▶ Default if no other information indicated below.

Address			
City	State/Province	ZIP/Postal Code	Country

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### 3. Trustee(s)/Executor(s) *All trustees/executors must sign in Section 7.*

#### Trustee/Executor

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

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

#### Legal/Residential Address

Provide the address used for tax reporting. Cannot be a P.O. box, mail drop, or c/o.

Address			
City	State/Province	ZIP/Postal Code	Country

#### Mailing Address

☐ Same as legal/residential address ▶ Default if no other information indicated below.

Address			
City	State/Province	ZIP/Postal Code	Country

#### Additional Trustee/Executor ▶ Skip to Section 4 on the next page if you are NOT naming an additional trustee/executor.

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

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

#### Legal/Residential Address

Provide the address used for tax reporting. Cannot be a P.O. box, mail drop, or c/o.

Address			
City	State/Province	ZIP/Postal Code	Country

#### Mailing Address

☐ Same as legal/residential address ▶ Default if no other information indicated below.

Address			
City	State/Province	ZIP/Postal Code	Country

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## 4. Settlement Options

To complete processing, one copy of the death certificate per contract is required. Your selection is irrevocable and all options may not be available to all beneficiaries.

Check no more than one option and sub-option. Provide required information.

☐ **Transfer to an Inherited IRA** *Qualified annuity contracts ONLY.*

☐ Deposit directly into a Fidelity Inherited IRA Account **Include a completed Fidelity Transfer of Assets Form.**

Fidelity Inherited IRA Account Number

☐ Check paid to a non-Fidelity institution **Include a completed Transfer of Assets Form from the institution that will receive the funds.**

For Benefit Of			
Address			
City	State/Province	ZIP/Postal Code	Country

☐ **Five Years to Distribute Option**

☐ **Lump-Sum Option**

☐ Deposit directly into a Fidelity nonretirement account

Fidelity Nonretirement Account Number	Fidelity Fund Name or Symbol <i>Mutual fund accounts ONLY.</i>

☐ Check

## 5. Tax Withholding

Withdrawals from your annuity are subject to federal and, where applicable, state income tax withholding, unless you choose below not to have withholding apply (and if you provided a U.S. address). If you do not elect out of withholding, federal income tax will be withheld at the rate of 10% from the taxable portion of your annuity withdrawal amount, unless you indicate a higher percentage below. If you choose not to have withholding apply, or if you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. The provided withholding instructions will remain effective for all withdrawals until you either revoke them or give us new instructions.

### Federal

Check one in each column.

☐ Do NOT withhold federal taxes

☐ Withhold federal taxes at the rate of:

Percentage
%

No dollar amounts. Note that if there is federal withholding, certain states require that there also be state withholding.

### State

☐ Do NOT withhold state taxes unless required by law

☐ Withhold state taxes at the applicable rate

☐ Withhold state taxes at the rate, or in the amount, of:

Percentage		Dollar Amount
%	or	\$
State of Residence		

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## 6. State Fraud Notices

Read the warning for the state where you reside.

<b>Alabama, Louisiana, and Rhode Island</b> —Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	<b>Maryland</b> —Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Alaska</b> —A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.	<b>Minnesota</b> —A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>Arizona</b> —For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is subject to criminal and civil penalties.	<b>New Hampshire</b> —Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20.
<b>Arkansas, Colorado, New Mexico, and Pennsylvania</b> —Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.	<b>New Jersey</b> —Any person who knowingly files a statement of claim or application containing any false or misleading information is subject to criminal and civil penalties.
<b>California</b> —For your protection California law requires the following to appear on this form. “Any person who knowingly presents a false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison.”	<b>Ohio</b> —Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Delaware, Florida, and Indiana</b> —Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.	<b>Oklahoma</b> —WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
<b>Kentucky</b> —Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.	<b>Texas</b> —Any person who knowingly provides a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Maine, Tennessee, Virginia, and Washington</b> —It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.	<b>Washington, DC</b> —WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

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## 7. Signature(s) and Date *All Trustees or Executors must sign and date.*

Fraud Notice for New York Residents:

**New York**—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

By signing below, you:

- Certify that all trustees of the trust are named in Section 3 of this form and that the terms of the trust authorize each to exercise ownership rights under the contract.
- Understand that each trustee/executor can act independently in relation to this annuity contract.
- Authorize Fidelity to act on all instructions given on this form and that any benefits due to you will be paid under this Claimant Statement.
- Certify that all information you provided is correct to the best of your knowledge.
- Understand that Fidelity Investments will honor this Claimant Statement according to the terms and conditions of the original contract, and if the original contract is found, it will be returned to Fidelity Investments.

*If you are a U.S. person for tax purposes, you:*

- Certify under penalties of perjury that you are a U.S. person (including a U.S. resident alien or other U.S. person as defined in the instructions to IRS Form W-9) and the Social Security or Taxpayer Identification Number provided is correct (or that you are waiting for a number to be issued to you).

*If the Internal Revenue Service (IRS) has notified you that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return, CROSS OUT all the bracketed text at right.*

- Certify under penalties of perjury that you are not subject to backup withholding because any of the following applies:

- You are exempt from backup withholding.
- You have not been notified by the IRS that you are subject to backup withholding as a result of a failure to report all interest or dividends.
- The IRS has notified you that you are no longer subject to backup withholding.

*If you are not a U.S. person for tax purposes:*

- You are submitting the applicable Form W-8 with this form to certify your foreign status and, if applicable, claim tax treaty benefits.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

### Important:

- To complete processing, one copy of the death certificate per contract is required.
- A **medallion signature guarantee** may be required next to your signature below. Please refer to your claim letter for instructions.
- You can get a **medallion signature guarantee** from most banks, credit unions, and other financial institutions. A notary seal/stamp is NOT a signature guarantee.

Print Trustee/Executor Name	
Trustee/Executor Signature	Date MM DD YYYY
<b>SIGN</b>	

▼ MEDALLION SIGNATURE GUARANTEE ▼

Print Trustee/Executor Name	
Trustee/Executor Signature	Date MM DD YYYY
<b>SIGN</b>	

▼ MEDALLION SIGNATURE GUARANTEE ▼

**For individual providing signature guarantee** *Providing this information will avoid delay or rejection of this request.*

Guarantor Name	Phone	Extension

**Did you sign the form?** Send the ENTIRE form to Fidelity Investments.

**Questions?** Call 800-544-4374.

#### Regular Mail *Except NY*

Annuity Service Center  
P.O. Box 770001  
Cincinnati, OH 45277-0050

#### Regular Mail *NY only*

Annuity Service Center  
P.O. Box 770001  
Cincinnati, OH 45277-0051

#### 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. A contract's financial guarantees are subject to the claims-paying ability of the issuing insurance company.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Fidelity Brokerage Services LLC, Member NYSE, SIPC. 683661.5.0 (09/22)