You can complete this form online and print it, or print it out first and complete by hand. Then, fax or mail it to the number or address below. This form works best with Acrobat Reader 7.0 ® or above.

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Fidelity Charitable[SM]

Giving Account® Access Form

FIDELITY Charitable™ Make more of a difference

This form allows Account Holders to authorize a professional advisor (e.g., CPA, attorney, financial advisor) or a non-advisor (e.g., family member, friend, assistant, power of attorney) to have access to their Giving Account®. To authorize a professional advisor, complete Sections 1, 2, and 4. To authorize a non-advisor, complete Sections 1, 3, and 4. All fields are required unless noted.

1 ACCOUNT HOLDER INFORMATION

Account Holder Name (Prefix, First, Middle Initial, Last)

Giving Account Number (Up to 10 digits)

Daytime Phone - -

Evening Phone - -

2 ADVISOR INFORMATION

Please provide the following information as it pertains to the primary professional advisor you would like to have access to your Giving Account.

Advisor Name (First and Last)

Phone Number - -

Street Address

Advisor Email Address

City

State

ZIP Code/Postal Code -

Firm Name

OPTIONAL

If your advisor works with Fidelity Institutional Wealth Services, please list below the G number(s) associated with the advisor firm, if known:

G G G G

ADVISOR AUTHORIZATION LEVEL (choose one)

Please choose the level of Giving Account access you would like to authorize for your professional advisor.

☐ **Transactional**

Allows a professional advisor to **transact** on your behalf, including recommending exchanges among Fidelity Charitable investment pools, initiating irrevocable contributions, and recommending grants. Advisors can also update Giving Account information, including contact information and successors. Information may be obtained online or via phone.

☐ **Non-Transactional**

Allows a professional advisor to **view** your Giving Account balance, contributions, and grant history. Information may be obtained online or via phone.

Important Note:

In an effort to most effectively support you in managing your Giving Account, it is our practice to allow both the professional advisor specified above and designated members of his or her firm to have access to your Giving Account. The advisor's firm will have the ability to provide additional firm employees with access to your Giving Account, but not to exceed the Advisor Authorization Level selected by you above. If you object to anyone other than the professional advisor you specified above having access to your Giving Account, please contact us at 800-952-4438.

3 NON-ADVISOR INFORMATION

Please provide the following information as it pertains to the non-advisor (e.g., family member, friend, assistant, power of attorney) you would like to have access to your Giving Account. **Please note:** the designated non-advisor's signature will be required in Section 4.

Name

Relationship to Account Owner

Street Address

Citizenship (Non-U.S. only)

City

State

ZIP Code/Postal Code

Email Address (optional)

Phone

Evening Phone

Date of Birth

SSN (required)

NON-ADVISOR AUTHORIZATION LEVEL (choose one)

Please choose the level of Giving Account access you would like to authorize for your non-advisor.

☐ **Transactional**

Allows a non-advisor to **transact** on your behalf, including recommending exchanges among Fidelity Charitable investment pools, initiating irrevocable contributions, and recommending grants. Non-advisors can also update Giving Account information, including contact information and successors. Information may be obtained online or via phone.

☐ **Non-Transactional**

Allows a non-advisor to **view** your Giving Account balance, contributions, and grant history. Information may be obtained online or via phone.

4 SIGNATURES

I, the Account Holder, have carefully read this form in its entirety and agree to be bound by it as it currently exists and may be modified in the future. I hereby designate the authorized individual Advisor(s), Firm(s), or Non-Advisor(s) listed in Sections 2 and/or 3 or on additional provided sheets to have access to my Giving Account. If I have chosen transactional access for an individual Advisor(s), Firm(s), or Non-Advisor(s), then I authorize Fidelity Charitable to rely on instructions from my authorized individual Advisor(s), Firm(s), or Non-Advisor(s) without further approval or direction from me. If I have authorized one or more individual Advisor(s) or Firm(s) to have access to my Giving Account, and such individual Advisor(s) or Firm(s) work(s) with Fidelity Institutional Wealth Services (IWS), I hereby authorize such individual Advisor(s) or Firm(s) to access my Giving Account information on any IWS platform. This authorization will remain in full force and effect until I or another Account Holder on my Giving Account notify(ies) Fidelity Charitable that such access is to be modified or terminated. While I may revoke this authorization, I understand that the reliance of Fidelity Charitable on the actions of the authorized individual Advisor(s), Firm(s), or Non-Advisor(s) will not be affected prior to the receipt of the notification. This authorization will terminate when Fidelity Charitable is notified of the disability, incapacity, or death of the last remaining Account Holder.

Account Holder Signature (required) **Print Name** **Date**

I, the Non-Advisor, understand that my access to Giving Account information is for the express purpose of assisting the Account Holder(s) named on the Giving Account listed in Section 1, who has/have given me authorization to access the Giving Account. I understand that Fidelity Charitable provides this access to me exclusively at the Account Holder's written request and that such access can be revoked by either the Account Holder(s) or Fidelity Charitable at any time, without prior written acknowledgement to me. I agree to be bound by all the terms and conditions set forth in the *Fidelity Charitable Policy Guidelines: Program Circular* (which contains policies relating to a Giving Account) and the statement below regarding the right of Fidelity Charitable to verify information provided on this form (if necessary).

Non-Advisor Signature (if applicable) **Print Name** **Date**

Under policies of Fidelity Charitable, and in accordance with the anti–money laundering regulations applicable to the various financial institutions that provide financial services to Fidelity Charitable, we obtain, record, and may verify information that identifies each person who establishes a Giving Account at Fidelity Charitable, and other people who contribute or have access to the Giving Account.

What this means: Fidelity Charitable will ask for the name, address, Social Security number, date of birth, and other information that will allow us to identify people with access to the Giving Account. We may also ask to see individual driver's licenses or other identifying documents, and we may verify the information we obtain.

When completed, please mail or fax this form to:
Fidelity Charitable, P.O. Box 770001, Cincinnati, OH 45277-0053 **Fax: 877-665-4274**