Giving Account® Access Form

Use this form to authorize a professional advisor or a non-advisor to have access to your Giving Account®.

Please type or print clearly in CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page. All required fields are marked with an asterisk (*).

Helpful to Know

- To authorize a professional advisor such as a CPA, attorney, or financial advisor, complete Sections 1, 2, and 4.
- To authorize a non-advisor, such as a family member, friend, assistant, or power of attorney, complete Sections 1, 3, and 4.
- To authorize an additional account holder, please fill out the Giving Account Change Form.
- If the Giving Account Number is unknown, please list an account holder's Social Security Number (SSN) in the Giving Account Number or SSN field.

1. Account Holder

Phone numbers	First Name*	M.I.	Last Name*				Giving Account Number or SSN*				
are for questions											
about this request	Mobile Phone*		Tall B					I.e.			
only; they will not ▶	Mobile Phone*	Alternate Ph			Extension						
update your Fidelity Charitable® contact		1 1			1		1		1 1		
information.								_			
2. Authorize	a Professional Advis	sor									
	,			1							
Provide information	Advisor Name*			Firm Name							
about the primary professional advisor											
you would like to	Phone Number* Advis			r Email Address*							
have access to your Giving Account.											
Address											
	Address*										
	City*		ovince*	ZIP/Postal Code*	Cou	Country*					
OPTIONAL											
Fidelity Institution	al Wealth Services (IWS) Adviso	rs if applic	cable								
If your advisor works											
with Fidelity IWS,											
list the G number(s)	G	G			G						
associated with the advisor firm, if known.											
	G	G			G						
Advisor Authorizat	ion Level										
			1.1.191				1 1 .				

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

Required to check one. Authorization Level will default to Non-Transactional if neither box is checked. ☐ 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.

Form continues on next page.

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3. Add a Non-Advisor

Provide information	First Name* M.I. Last Name*										
about the non-advisor											
you would like to have	D (Didt man page)	16	T IDN	1 #	In Later 1	·	11 11 *				
access to your Giving Account. The non-	Date of Birth* MM DD YYYY	ocial Security or	laxpayer ID Nu	ımber^	Relationsh	ip to Account	Holder*				
advisor must sign in											
Section 4.	Mobile Phone*		Alternate Ph	one				Extension			
	Fax Number		Email Addres	cc*							
	i ax ivumbei		Linali Addres	35							
	Citizenship										
Check one.	-										
Check one.	U.S. citizen										
	U.S. resident alien										
Legal/Residential	Address										
Provide the address	Address*										
used for tax report-											
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P.O. Box, mail drop, or c/o.	City*	State/Pro	vince*	ZIP/Postal Cod	ie*	Country*					
Mailing Address											
Mailing Address											
	Same as legal/residential addre	ess									
	Address*										
	City*	State/Pro	vince*	ZIP/Postal Cod	de*	Country*					
		0.0007110	***************************************	Zii / i dotai dot	.0	Country					
Non-Advisor Auth	orization Level										
	Please choose the level of Giving A	Account acce	ss you woul	ld like to aut	:horize to	or your non	-advisor	r.			
Required to check	☐ Transactional					Non-Trar					
one. Authorization	Allows a non-advisor to transac		Allows a non-advisor to view your								
Non-Transactional if	Level will default to ing exchanges among Fidelity Charitable investment pools, initiating irrevocable contributions, and recommending grants. Non-advisors can divine, and grant history. Info										
either box is checked.	irrevocable contributions, and recommending grants. Non-advisors can also update Giving Account information, including contact information may be obtained online or										
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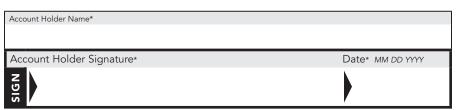
4. Signatures

Account Holder Signature

By signing below, you:

- Affirm that you 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
- Designate the authorized individual advisor(s), firm(s), or nonadvisor(s) listed in Section 2 and/or 3 or on additional provided sheets to have access to your Giving Account.
- Acknowledge that if you have chosen transactional access for an individual advisor(s), firm(s), or non-advisor(s), then you authorize Fidelity Charitable to rely on instructions from your authorized individual advisor(s), firm(s), or non-advisor(s) without further approval or direction from you.
- Acknowledge that if you have authorized one or more individual advisor(s) or firm(s) to have access to your Giving Account, and such individual advisor(s) or firm(s) work(s) with Fidelity Institutional

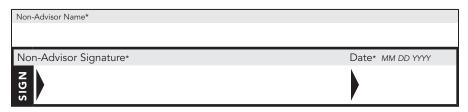
- Wealth Services (IWS), you authorize such individual Advisor(s) or Firm(s) to access your Giving Account information on any IWS platform.
- Agree that this authorization will remain in full force and effect until you or another Account Holder on your Giving Account notify(ies) Fidelity Charitable that such access is to be modified or terminated.
- Certify and agree that the certifications, authorizations, and appointments in this form will continue until Fidelity Charitable receives written notice of any changes in sufficient time to provide Fidelity Charitable with a reasonable opportunity to act. Any revocation shall not affect any instruction or transaction initiated before its receipt. This authorization will terminate when Fidelity Charitable is notified of the disability, incapacity, or death of the last remaining Account Holder.



Non-Advisor Signature

By signing below, you:

- Understand that your access to Giving Account information is for the express purpose of assisting the Account Holder(s) named on the Giving Account listed above, who has given you authorization to access the Giving Account.
- Understand that Fidelity Charitable provides this access to you
 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 you.
- Agree to be bound by all the terms and conditions set forth in the Fidelity Charitable Program Guidelines (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).



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.

Did you sign the form and attach any necessary documents? Send the form and any attachments to Fidelity Charitable.

Questions? Go to FidelityCharitable.org or call 800-952-4438.

Fax the form to: 877-665-4274

OR

Mail the form to: Fidelity Charitable PO Box 770001

Cincinnati, OH 45277-0053

Fidelity Charitable is the brand name for the Fidelity Investments® Charitable Gift Fund, an independent public charity with a donor-advised fund program. Various Fidelity companies provide services to Fidelity Charitable. The Fidelity Charitable name and logo, and Fidelity are registered service marks of FMR LLC used by Fidelity Charitable under license. Giving Account is a registered service mark of the Trustees of Fidelity Charitable. 485207.8.0

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