

Endowed Giving Program Enrollment Form

Use this form to enroll in the Endowed Giving Program, which allows Giving Account® Holders to support charitable organizations beyond their lifetime by enabling ongoing grants to up to six (6) charitable beneficiaries. A \$100,000 minimum Giving Account® balance is required at Activation, which occurs at the death of the last remaining Account Holder. Refer to the *Fidelity Charitable®: Program Guidelines* for additional information.

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.

Note: At the time of Activation of the Endowed Giving Program, investments in the Charitable Investment Advisor Program ("CIAP") and/or the Charitable DonorFlex ProgramSM ("DonorFlex") will be liquidated in a prudent manner and the proceeds invested in Fidelity Charitable® investment pools. If no recommended investment pool allocation has been made by the Account Holder, the proceeds will be invested in the Conservative Income Pool at the time of Activation. Please refer to the *Fidelity Charitable: Program Guidelines* for additional information.

Check one, if applicable.

- ☐ I am participating in CIAP and/or DonorFlex and, once enrolled in the Endowed Giving Program, I recommend these balances be proportionately allocated to the investment pools recommended on the *Endowed Giving Program Investment Pool Selection Form*, at the time of Activation. I understand that all investment pool recommendations and allocations are subject to ongoing review and approval by Fidelity Charitable®.
- ☐ I am participating in CIAP and, once enrolled in the Endowed Giving Program, I recommend having my CIAP-qualified investment firm continue to manage the assets in the Endowed Giving Program, at the time of Activation. I understand that all investment firms participating in CIAP are subject to ongoing review and approval by Fidelity Charitable®.

1. Giving Account Number

- Check one. ☐ I am establishing a new Giving Account.
☐ I currently have a Giving Account.

Giving Account Number									

2. Rename the Giving Account

Complete this section to change the Giving Account name upon Activation of the Endowed Giving Program. Typically, Account Holders choose a name in honor of themselves (e.g., "The Smith Family Memorial Fund").

Giving Account Name

3. Endowed Giving Program Duration and Annual Distribution Percentage

If no duration (term length) is stated, ongoing grants to charitable beneficiaries will continue in perpetuity. The term length will apply to ALL elected beneficiaries.

Term Length <small>Minimum 5 years</small>
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Total annual percentage (minimum 5%) of Giving Account balance to be distributed to recommended Endowed Giving Program Beneficiaries:

Total Annual %*

Form continues on next page. ►►

*The Endowed Giving Program requires a minimum total annual distribution amount of 5% of the Giving Account balance or applicable IRS minimum percentage. If amounts distributed in a given year do not meet this minimum, Fidelity Charitable® will calculate and distribute the difference to the charitable grant recipients in the same proportion as recommended. Distribution calculations are based on the Giving Account balance as of December 31 of the prior calendar year.

4. Endowed Giving Program Beneficiary Recommendations

Limit of six (6) charitable beneficiaries. Please use an additional sheet of paper if needed.

Endowed Giving Program Beneficiary #1

% of Total Annual Distribution to Charity from Giving Account

%

Organization Name	Federal Tax ID Number if known
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Phone

Mailing Address

Address			
City	State/Province	ZIP/Postal Code	Country

Frequency of recurring grant:

- Check one. ☐ Semiannual
☐ Annual

Anonymous grant:

- Check one. ☐ Yes
☐ No

Endowed Giving Program Beneficiary #2

% of Total Annual Distribution to Charity from Giving Account

%

This is my Alternate Beneficiary:[†]

- Check one. ☐ Yes
☐ No

Organization Name	Federal Tax ID Number if known
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Phone

Mailing Address

Address			
City	State/Province	ZIP/Postal Code	Country

Frequency of recurring grant:

- Check one. ☐ Semiannual
☐ Annual

Anonymous grant:

- Check one. ☐ Yes
☐ No

Endowed Giving Program Beneficiary Recommendations continues on next page. ►►

[†]If you are recommending only one Endowed Giving Program Beneficiary, you have the opportunity to also recommend an Alternate Beneficiary, in the case that your recommended beneficiary becomes ineligible. If you do not recommend an Alternate Beneficiary, or if the alternate becomes ineligible, the remaining Giving Account balance will be granted out in accordance with the Fidelity Charitable Trustees' Initiative.

Endowed Giving Program Beneficiary #3

% of Total Annual Distribution to Charity from Giving Account

%

Organization Name

Federal Tax ID Number if known

Phone

Mailing Address

Address

City

State/Province

ZIP/Postal Code

Country

Frequency of recurring grant:

Check one.

☐ Semiannual☐ Annual

Anonymous grant:

Check one.

☐ Yes☐ No**Endowed Giving Program Beneficiary #4**

% of Total Annual Distribution to Charity from Giving Account

%

Organization Name

Federal Tax ID Number if known

Phone

Mailing Address

Address

City

State/Province

ZIP/Postal Code

Country

Frequency of recurring grant:

Check one.

☐ Semiannual☐ Annual

Anonymous grant:

Check one.

☐ Yes☐ No

COMBINED TOTAL OF ENDOWED GIVING PROGRAM BENEFICIARY(IES) MUST EQUAL:

Total
1 0 0 %

IMPORTANT NOTE: If you are electing individual and/or IRS-qualified public charity successors in addition to the Endowed Giving Program recommendations above, please ensure that the combined total of your successor elections, including your Endowed Giving Program recommendations, equals 100%. Please refer to the *Fidelity Charitable: Program Guidelines* for additional information.

Form continues on next page. ►►

5. Signature and Date

By signing below, you:

- Acknowledge that you have read *Fidelity Charitable: Program Guidelines* and agree to the terms and/or conditions described therein.
- Certify that grant recommendations made herein adhere to these guidelines and neither you nor anyone else will receive any more than incidental benefits from the recommended charitable organizations from these grants if distributed, and that these grants do not fulfill pre-existing legally enforceable pledges to the recommended charitable organizations.
- Understand that by establishing the Endowed Giving Program, the Trustees do not intend to confer or constitute a contractual, trust, or other fiduciary relationship with participating Account Holders, grant recipients or any other person, and that the Trustees may modify, amend, or eliminate the Endowed Giving Program at any time.
- Understand that under the terms of the Endowed Giving Program, Fidelity Charitable® is specifically authorized to expend as much income and principal as the Trustees deem appropriate. See *Fidelity Charitable: Program Guidelines* for complete details.

Account Holder Name	
Account Holder Signature	Date MM DD YYYY
SIGN ▶	▶

Did you sign the form and attach any necessary documents?

Send form and any attachments to Fidelity Charitable.

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

Fax form to: 877-665-4274 If faxing this form, please do not also mail original.

Mail the form to:

Regular mail
Fidelity Charitable
PO Box 770001
Cincinnati, OH 45277-0053

Overnight mail
Fidelity Charitable
100 Crosby Parkway KC1D-FC
Covington, KY 41015-9325

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