

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.

### Helpful to Know

This form can be used for two purposes:

- 1. Firm Administrator Assignment or Removal:

  By completing Sections 1, 2, and 3, the Officer or Principal of the firm named below is assigning and/or removing a "Firm Administrator" who is responsible for the ongoing maintenance of firm employees' access to a Giving Account® in accordance with the permission levels set by Account Holders.
- 2. Advisor Access Assignment or Removal: By completing Sections 1, 4, and 5, a Firm Administrator can assign and/or remove firm employees with access to a Giving Account® in accordance with the permission levels set by Account Holders.
- Our practice is to provide Giving Account® access to an Account Holder's primary advisor as well as make access available to the employees of the primary advisor's firm, as long as the Account Holder has granted permission.
- If the firm is part of a branch or subsidiary, please list the firm name followed by the branch location name or subsidiary marketing name.
- Fidelity WealthCentral® users SHOULD NOT use this form. Instead, all Fidelity WealthCentral® users must establish firm access permissions through WealthCentral's User ID Maintenance Tool.

### 1. Firm Information

	Firm Name					
	Phone Number	Firm Tax ID Number (TIN)				
Film lax ID Number (Tily)						
	Address					
	City	State/Province	ZIP/Postal Code	Country		
				1		
	Firm Type					
Choose one.	□ RIA					
Choose one.						
	Attorney					
	☐ CPA					
	☐ Corporate					
	Broker-Dealer					
	☐ Family Office					
	Philanthropic Advice					
	Private Equity/VC/Hedge Fund					
	Other					
	Firm description					

Form continues on next page.

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### 2. Firm Administrator Assignment or Removal

	At least one Firm Administrator must contact(s) with the ability to assign or needed, please attach a separate sho	r remove firm employe			
Check one.	Add				
	Remove				
	Advisor Name		Firm Name		
	Phone Number	Extension Advi	sor Email Address		
					le: d. l
	Title				Birthday MM DD
ddress					
	Address				
	City	State/Province	ZIP/Postal Code	Country	

# 3. Officer/Principal Acknowledgements

#### Officer/Principal Signature

By signing below, you:

- Acknowledge that each Account Holder/client has the sole authority to choose the access level (transactional or non-transactional) for their Giving Account® at Fidelity Charitable® In the event that an Account Holder/client does not wish to have multiple firm employees accessing his/her Giving Account, you understand that Fidelity Charitable® will honor the Account Holder/client's request and only assign the appropriate firm employee(s) and access level(s) to the Giving Account as instructed by the Account Holder/client.
- Understand that if more than one Firm Administrator has been assigned by your firm, each Firm Administrator will have full and equal authority to assign or remove firm employees.
- Agree to notify Fidelity Charitable promptly in writing if any Firm Administrator(s) on record at Fidelity Charitable for your firm is/are for any reason no longer employed by your firm or is/are no longer able to act as Firm Administrator(s) on behalf of your firm for any other reason.
- Understand that contributions made to Fidelity Charitable are irrevocable and cannot be refunded, and that Fidelity Charitable has exclusive ownership and legal control over all Giving Account assets. You acknowledge that you are responsible for ensuring that your Firm Administrator(s) and all firm employees who are given access to Giving Account(s) understand these concepts as well.
- Acknowledge that you have read the current Fidelity Charitable Policy Guidelines: Program Circular and agree to the terms and/ or conditions described therein. You acknowledge that you are responsible for ensuring that your Firm Administrator(s) and all firm employees who are given access to Giving Account(s) are aware of the policies as stated in the Fidelity Charitable Policy Guidelines: Program Circular and will abide by Fidelity Charitable policies, which may be amended from time to time.

Officer/Principal Name	Officer/Principal Title		
Officer/Principal Signature	Date MM DD YYYY		
SIGN	•		

Form continues on next page.

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## 4. Advisor Access Assignment or Removal

Please use these spaces to add any firm employees authorized by the firm to access Giving Accounts. Please also use the spaces to remove any firm employees who are no longer authorized by the firm to access Giving Accounts or who are no longer employed by the firm.

The firm employees assigned below are authorized by the firm named in Section 1 of this form to have access to all Giving Accounts for which the firm has received Fidelity Charitable Account Holder permission. To request different access limits on specific Giving Accounts, please call 1-800-262-6935. (If additional space is needed, please attach a separate sheet to this form.)

Check one.         Add           Remove         Advisor Name           Phone Number         Extension         Advisor Email Address	
Advisor Name	
Phone Number Extension Advisor Email Address	
Phone Number Extension Advisor Email Address	
Title	Birthday MM DD
Address	
Address	
City State/Province ZIP/Postal Code Country	
Advisor Access	
Check one. Add	
Remove	
Advisor Name	
Advisor Name	
Advisor Name  Phone Number Extension Advisor Email Address	Dest Language
Advisor Name	Birthday MM DD
Advisor Name  Phone Number Extension Advisor Email Address	Birthday MM DD
Advisor Name  Phone Number Extension Advisor Email Address	Birthday MM DD
Advisor Name  Phone Number Extension Advisor Email Address  Title	Birthday MM DD
Advisor Name  Phone Number Extension Advisor Email Address  Title  Address	Birthday MM DD
Address  Address  Address	Birthday MM DD

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## 5. Firm Administrator Acknowledgements

#### Firm Administrator Signature

By signing below, you:

- Certify that each firm employee being added in Section 4 of this form is currently employed by and authorized to act on behalf of the firm.
- Agree to notify Fidelity Charitable promptly in writing if any firm employee(s) on record at Fidelity Charitable for the firm is/are for any reason no longer employed by the firm or is/are no longer able to act on behalf of the firm for any other reason.
- Understand that contributions made are irrevocable and cannot be refunded, and that Fidelity Charitable has exclusive ownership and legal control over all Giving Account assets. You acknowledge that you are responsible for ensuring that all firm employees who are given access to Giving Account(s) understand these concepts as well.
- Acknowledge that you have read the current Fidelity Charitable Policy Guidelines: Program Circular and agree to the terms and/ or conditions described therein. You acknowledge that you are responsible for ensuring that all firm employees who are given access to Giving Account(s) are aware of the policies as stated in the Fidelity Charitable Policy Guidelines: Program Circular and will abide by Fidelity Charitable policies, which may be amended from time to time.

Firm Administrator Name	Firm Administrator Title	
Firm Administrator Signature	Date MM DD YYYY	
NBB	•	

Did you sign the form?

Please send or fax the form to Fidelity Charitable.

 ${\bf Questions?}\ {\bf Go\ to\ Fidelity Charitable.org\ or\ call\ 1-800-262-6935}.$ 

Fax the form to: 1-877-665-4274

OR

Mail the form to: Fidelity Charitable P.O. 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. Fidelity Charitable and Fidelity are registered service marks, and the Fidelity Charitable logo is a service mark, of FMR LLC, used by Fidelity Charitable under license. Giving Account is a registered service mark of the Trustees of Fidelity Charitable. 581954.5.0 (09/2017)

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