Pooled Income Fund Change Form

Use this form to make changes to your account and to change Donor information (e.g., address, successor options). To change how quarterly payments are received (e.g., direct deposit) please use the Pooled Income Fund Income Beneficiary Direct Deposit and Change Form available at *FidelityCharitable.org*. 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 fields marked with an asterisk (*) are required.

1		_	n	_	r
1	 IJ	O	n	റ	r

1. Donor										
	First Name*	M.I.	Last Name*		Pooled Income Fund (PIF) Account Number					
Phone numbers are for questions about										
this request only; they will not update your	Evening Phone*	Day	rtime Phone	Exte	ension					
Fidelity Charitable®										
contact information.	Social Security Number*									
2. Remove Y	our Name as D	Oonor								
	_									
	Check here to authorize removal of your name as Donor. Please ensure that there is another Donor to assume Pooled Income Fund Account privileges, or add a new Donor in Section 3 below.									
		•								
	☐ Check here to update	current inform	ation. Complete	the information in Se	ection 3 below.					
3. Add Dono	r or Update In	formation	on							
	and request information a named as a Donor, incom	about the acco	unt. Äll account will only receive	correspondence will be information regardin	neficiaries, name additional Donors, be sent to the Primary Donor. Unless ng income payments made to them. The new Donor must also sign in					
Social Security number and date	First Name*	M.I.	Last Name*		Social Security Number*					
of birth are required										
for new Donors.	Date of Birth* MM DD YYYY Email*									
				•-						
	Evening Phone*	Day	rtime Phone	Exte	ension					
	By selecting this option and signing this form, you are agreeing to Electronic Delivery and Consent, found in the Signature section, and all materials will be sent to you electronically.									
Legal Address										
Provide the address	Address*									
used for tax reporting. It cannot										
be a PO Box,	City*		State/Province*	ZIP/Postal Code*	Country					
mail drop, or c/o.										
Mailing Address										
	☐ Same as legal address	3								
	Address*									
	City*		State/Province*	ZIP/Postal Code*	Country					

Add Donor or Update Information continues on next page.

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Citizenship								
Check one.	U.S. citizen							
	U.S. resident alien							
Salutation								
	This will appear on PIF Accoun requested.	t correspondence and lett	ers that accompany	grants, unless anonymity is specifically				
	Address Salutation* e.g., Dr. and Mrs. John	Smith, Joan and John Smith						
Pooled Income Fu	and Account Name							
	Charitable beneficiary distribut is specifically requested.	ions are accompanied by a	a letter that includes	the PIF Account name, unless anonymity				
	PIF Account Name*							
4. Beneficia	ry Recommendati	ons						
beneficiary(ies), any re in the future, you may	emainder interest will be distribute or do so by notifying the PIF in writi	ed to the Fidelity Charitabl ng.	e Trustees' Philanthro	le, upon the death(s) of the income opy Fund. If you wish to make changes				
	Other Charitable Organizat							
Donors may make thi		iring their lives by complet	ing the section belov	of 10 IRS-qualified public charities. PIF v, signing, and sending this form to the				
				% of PIF Account*				
	Organization #1							
	Organization Name*			Federal Tax ID Number*				
	Special Purpose* e.g., in memory of			Phone*				
	Mailing Address							
	Address*							
	City*	State/Province*	ZIP/Postal Code*	Country				
				% of PIF Account*				
	Organization #2			% of PIF Account				
	Organization Name*			Federal Tax ID Number*				
	Special Purpose* e.g., in memory of			Phone*				

Beneficiary Recommendations continues on next page.

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4. Beneficiary Recommendations.	continued	
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Mailing	Address
---------	---------

Address*			
City*	State/Province*	ZIP/Postal Code*	Country

B. Establish a Giving Account® at Fidelity Charitable Attach additional sheets if more than one

Complete this section to establish a Giving Account for an individual. PIF Donors may request that Fidelity Charitable establish and maintain a Successor Giving Account with the remainder interest at their death. PIF Donors may name individuals who will assume all Giving Account privileges (such as overseeing contributions and making grant recommendations) upon the death of the last income beneficiary. Your designated Successor may recommend grants to IRS-qualified public charities. Upon the death of the last income beneficiary, Fidelity Charitable will send the individual Successor named below the Fidelity Charitable Program Circular and Donor Application.

Please note that upon the death of the last income beneficiary, any remainder interest is subject to the terms and conditions set forth by Fidelity Charitable.

IVI.I.	Last Name			Social Security Number					
Email*	· · · · · · · · · · · · · · · · · · ·			Relationship	to PIF D	Oonor*			
	aytime Phone			Extension					
	State/Provi	nce*	ZIP/Postal Code*	Сог	untry				
	,								
	State/Provi	nce*	ZIP/Postal Code*	Coi	untry				
	Email*	Email* Daytime Phone State/Provi	Email* Daytime Phone State/Province*	Email* Daytime Phone State/Province* ZIP/Postal Code*	Email* Relationship Daytime Phone Extension State/Province* ZIP/Postal Code* Code	Email* Daytime Phone Extension State/Province* ZIP/Postal Code* Country	Email* Relationship to PIF Donor* Daytime Phone Extension State/Province* ZIP/Postal Code* Country	Email* Relationship to PIF Donor* Daytime Phone Extension State/Province* ZIP/Postal Code* Country	Email* Relationship to PIF Donor* Daytime Phone Extension State/Province* ZIP/Postal Code* Country

5. Direct Deposit Instructions

U.S. resident alien

Provide the address used for tax reporting. It cannot be a PO Box, mail drop, or c/o.

Check one

All income beneficiaries may elect to have quarterly income payments direct deposited by completing the Pooled Income Fund Income Beneficiary Direct Deposit and Change Form, available online at *FidelityCharitable.org*. If you do not wish to establish direct deposit, a check will be mailed to the income beneficiary address of record in Section 4.

Form continues on next page.

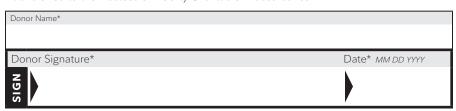
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6. Signature(s)

Donor Signature

By signing below, you:

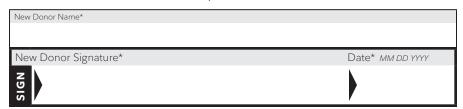
- Acknowledge that you have read the current Pooled Income Fund Disclosure Statement and Declaration of Trust and agree to its terms and/or conditions described therein.
- Certify that, to the best of your knowledge, all the information presented in connection with this form is accurate.
- Will promptly notify Fidelity Charitable in writing of any changes.
- As required by the Declaration of Trust, the Trustees and you agree that upon termination of the interests of the income beneficiaries, the units of the Pooled Income Fund representing their interests will be separated from the Pooled Income Fund and transferred to the Trustees of Fidelity Charitable in accordance
- with the Declaration of Trust. You represent and warrant that the information provided in this form is true and correct and will indemnify the Pooled Income Fund against any losses it may suffer due to any misrepresentations, breach, or failure of such representations.
- Consent to receive all disclosures, confirmation, and other documents that are required to be provided or made available to me by Fidelity Charitable through electronic means during the course of my relationship with Fidelity Charitable until or unless I notify Fidelity Charitable in writing, if above checkbox is selected to opt in to electronic delivery.



New Donor Signature Any new Donor added in Section 3 must sign here. Attach additional sheets, if necessary.

By signing below, you:

- Acknowledge that you have read the current Pooled Income Fund Disclosure Statement and Declaration of Trust and agree to its terms and/or conditions described therein.
- Certify that, to the best of your knowledge, all the information presented in connection with this form is accurate.
- Will promptly notify Fidelity Charitable in writing of any changes.
- As required by the Declaration of Trust, the Trustees and you agree that upon termination of the interests of the income beneficiaries, the units of the Pooled Income Fund representing their interests will be separated from the Pooled Income Fund and transferred to the Trustees of Fidelity Charitable in accordance
- with the Declaration of Trust. You represent and warrant that the information provided in this form is true and correct and will indemnify the Pooled Income Fund against any losses it may suffer due to any misrepresentations, breach, or failure of such representations.
- Consent to receive all disclosures, confirmation, and other documents that are required to be provided or made available to me by Fidelity Charitable through electronic means during the course of my relationship with Fidelity Charitable until or unless I notify Fidelity Charitable in writing, if above checkbox is selected to opt in to electronic delivery.



Under the 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 Pooled Income Fund Account at Fidelity Charitable Pooled Income Fund and other people who contribute to the Pooled Income Fund or have access to the Pooled Income Fund Account.

Therefore, when you establish a Pooled Income Fund Account, we will ask for the name, address, date of birth, and other information that will allow us to identify people with access to the Pooled Income Fund 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 Pooled Income Fund.

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

Regular mail

Pooled Income Fund c/o Fidelity Charitable PO Box 770001 Cincinnati, OH 45277-0001

Pooled Income Fund c/o Fidelity Charitable 100 Crosby Parkway KC1D-FCS Covington, KY 41015-4325

Overnight mail

Fax the form to: 877-665-4274

The Pooled Income Fund is a trust maintained by Fidelity Charitable®. 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. 502457.7.0 (03/2021)

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