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.

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- 1		LJ		u	

1. Donor					
	First Name*	M.I.	Last Name*		Pooled Income Fund (PIF) Account Number
Phone numbers are for questions about					
his request only; they will not update your	Evening Phone*	Day	time Phone	Exte	ension
Fidelity Charitable® contact information.	Social Security Number*				
2. Remove `	Your Name as De	onor			
	Check here to authorize				at there is another Donor to assume below.
	☐ Check here to update c	urrent inform	ation Complete	the information in Se	action 3 below
	Check here to apaste c		lation. Complete	the information in Se	etion 5 below.
3 Add Don	or or Update Inf	ormatio	n n		
5. Add Don	or or opeate iiii	Official	J11		
	named as a Donor, income	beneficiaries	will only receive	information regardin	be sent to the Primary Donor. Unlessing income payments made to them. The new Donor must also sign in
Social Security	First Name*	M.I.	Last Name*		Social Security Number*
number and date of birth are required					
for new Donors.	Date of Birth* MM DD YYYY	Email			
	Evening Phone*	Day	rtime Phone	Exte	ension
Legal Address					
Provide the address	Address*				
used for tax					
reporting. It cannot	City*		State/Province*	ZIP/Postal Code*	Country
be a PO Box, mail drop, or c/o.	City		State/110VIIICE	Zii /i Ostat Code	Country
Mailing Address					
	☐ Same as legal address				
	Address*				
	City*		State/Province*	ZIP/Postal Code*	Country
	City		otate/110vince	Zii /i Ostat 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 Account or requested.	correspondence and lett	ers that accompany ;	grants, unless anonymity is specifically
	Address Salutation* e.g., Dr. and Mrs. John Smi	th, Joan and John Smith		
Pooled Income Fu	and Account Name			
	Charitable beneficiary distribution is specifically requested.	ns are accompanied by a	letter that includes t	he PIF Account name, unless anonymity
	PIF Account Name*			
4. Beneficia	ry Recommendatio	ns		
of the two. Total succe beneficiary(ies), any re in the future, you may A. Distribution to PIF Donors may reco	essor allocation among the options is emainder interest will be distributed of do so by notifying the PIF in writing Other Charitable Organization mmend that Fidelity Charitable distr	must be 100%. If no recc to the Fidelity Charitable g. ns Attach additional she ibute the remainder inte	ets if more than two	ppy Fund. If you wish to make changes
PIF. All recommendat	ions are subject to the review and a	pproval of the Trustees o	of Fidelity Charitable.	
	Organization #1			% of PIF Account*
	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	Reneficiary	Recommendations,	continued
\lnot.	Derienciary	Necommendadions,	COITHIII

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.

First Name*	M.I.	Last Name*		Social Security Number*
				,
Date of Birth* MM DD YYYY	Email*			Relationship to PIF Donor*
Evening Phone*	Da	aytime Phone		Extension
Legal Address				
Address*				
City*		State/Province*	ZIP/Postal Code*	Country
Mailing Address				
☐ Same as legal address				
Address*				
City*		State/Province*	ZIP/Postal Code*	Country
Citizenship			·	
U.S. citizen				

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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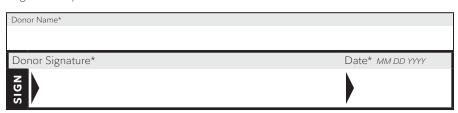
6. Signature(s)

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.

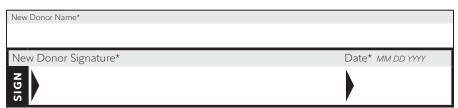


New Donor Signature Any new Donor added in Section 3 must sign here. Attach additional sheets, if necessary.

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.



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 FidelityCharitable.org or call 800-952-4438.

Regular mail

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

OR

Fax the form to: 877-665-4274

Overnight mail

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

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. 502457.6.0 (07/2018)

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