

# 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.

## 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.

## 1. Account Holder

Phone numbers are for questions about this request only; they will not update your Fidelity Charitable® contact information.

|               |      |               |                       |
|---------------|------|---------------|-----------------------|
| First Name    | M.I. | Last Name     | Giving Account Number |
| Evening Phone |      | Daytime Phone | Extension             |

## 2. Authorize a Professional Advisor

Provide information about the primary professional advisor you would like to have access to your Giving Account.

|              |                       |
|--------------|-----------------------|
| Advisor Name | Firm Name             |
| Phone Number | Advisor Email Address |

### Address

|         |                |                 |         |
|---------|----------------|-----------------|---------|
| Address |                |                 |         |
| City    | State/Province | ZIP/Postal Code | Country |

### OPTIONAL

#### Fidelity Institutional Wealth Services (IWS) Advisors *if applicable*

If your advisor works with Fidelity IWS, list the G number(s) associated with the advisor firm, if known.

|   |   |   |
|---|---|---|
| G | G | G |
| G | G | G |

### Advisor Authorization Level

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

Check one.

**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. ▶▶



### 3. Add a Non-Advisor

Provide information about the non-advisor you would like to have access to your Giving Account. The non-advisor must sign in Section 4.

|                          |  |                                       |           |                                |
|--------------------------|--|---------------------------------------|-----------|--------------------------------|
| First Name               |  | M.I.                                  | Last Name |                                |
| Date of Birth MM DD YYYY |  | Social Security or Taxpayer ID Number |           | Relationship to Account Holder |
| Evening Phone            |  | Daytime Phone                         |           | Extension                      |
| Fax Number               |  | Email Address                         |           |                                |

**Citizenship**

- Check one.
- U.S. citizen
  - U.S. resident alien

**Legal/Residential Address**

Provide the address used for tax reporting. Cannot be a P.O. Box, mail drop, or c/o.

|         |                |                 |         |
|---------|----------------|-----------------|---------|
| Address |                |                 |         |
| City    | State/Province | ZIP/Postal Code | Country |

**Mailing Address**

- Same as legal/residential address

|         |                |                 |         |
|---------|----------------|-----------------|---------|
| Address |                |                 |         |
| City    | State/Province | ZIP/Postal Code | Country |

**Non-Advisor Authorization Level**

Please choose the level of Giving Account access you would like to authorize for your non-advisor.

- Transactional**  
Allows a non-advisor to **transact** on your behalf, including recommending exchanges among Fidelity Charitable investment pools, initiating irrevocable contributions, and recommending grants. Non-advisors can also update Giving Account information, including contact information and successors. Information may be obtained online or via phone.
- Non-Transactional**  
Allows a non-advisor to **view** your Giving Account balance, contributions, and grant history. Information may be obtained online or via phone.

Form continues on next page. ►►



## 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 non-advisor(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.

|                          |                 |
|--------------------------|-----------------|
| Account Holder Name      |                 |
| Account Holder Signature | Date MM DD YYYY |
| <b>SIGN</b> ▶            | ▶               |

### 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 Policy Guidelines: Program Circular* (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).

|                       |                 |
|-----------------------|-----------------|
| Non-Advisor Name      |                 |
| Non-Advisor Signature | Date MM DD YYYY |
| <b>SIGN</b> ▶         | ▶               |

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](http://FidelityCharitable.org) or call 1-800-952-4438.

*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® Charitable Gift Fund, an independent public charity with a donor-advised fund program. Various Fidelity companies provide services to Fidelity Charitable. The Fidelity Charitable logo is a service mark, and Fidelity Charitable 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. 485207.4.0 (12/2012)



**Did you sign the form and attach any necessary documents?**

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