

Pooled Income Fund Income Beneficiary Direct Deposit and Change Form

Use this form to update personal contact information or to provide or update your direct deposit information.
Print clearly in CAPITAL letters and black ink. Need more room for information or signatures? Use a copy of the relevant page.

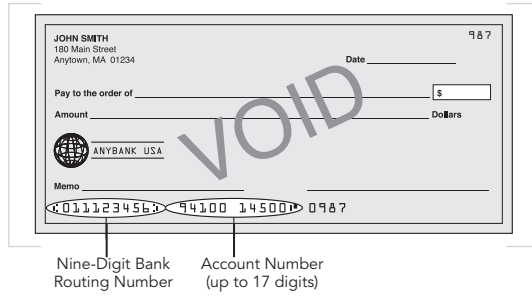
1. Current Account Information

An Income Beneficiary may also be a donor.

Income Beneficiary Name	Pooled Income Fund (PIF) Account Number if known	
Evening Phone	Daytime Phone	Extension
Social Security Number <i>Required</i>		

2. Direct Deposit Instructions *Complete this section to tell us where your income distributions should be deposited.*

To ensure accuracy, enclose a voided check or fill out the information below.



Nine-Digit Bank Routing Number Account Number (up to 17 digits)

Check one. Bank Account

Bank Routing Number	Checking or Savings Account Number
Bank Name	

Fidelity Account

Account Number

3. Address Change

First Name	M.I.	Last Name	Social Security Number*
Salutation <i>e.g., Dr. and Mrs. John Smith; Joan and John Smith</i>			
Date of Birth* <i>MM DD YYYY</i>	Email		
Evening Phone	Daytime Phone	Extension	

*Required for new donors.

Citizenship

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

Address Change continues on next page. ►►





Legal 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

4. Signature

By signing below, you:

- Certify that all the above is true.
- Authorize Fidelity Charitable® to deposit income distributions from the Pooled Income Fund directly to your bank account, other eligible financial institution account, or your Fidelity Brokerage or Mutual Fund account as indicated on this form.
- Authorize and request the bank or entity named above to accept such entries from Fidelity Charitable® or Fidelity as its agent, and to credit your account in accordance with these entries.
- Agree to direct your executors, administrators, or assignees to refund to Fidelity Charitable any payments that are made following your death, if applicable, so that they may be redistributed to the charitable remainder beneficiary(ies).
- Agree to any necessary adjustments for deposits made in error.
- Will notify Fidelity Charitable in writing if you wish to change this authorization.

Income Beneficiary Name	
Income Beneficiary Signature	Date MM DD YYYY
SIGN ▶	▶

<p>Did you sign the form and attach any necessary documents? Send form and any attachments to Fidelity Charitable Pooled Income Fund.</p> <p>Questions? Go to FidelityCharitable.org or call 1-800-952-4438.</p> <p>Fax form to: 1-877-665-4274</p>	<p>Pooled Income Fund c/o Fidelity Charitable P.O. Box 770001 Cincinnati, OH 45277-0053</p>
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The Pooled Income Fund is a trust maintained by Fidelity Charitable®. Fidelity Charitable is the brand name for 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 name and logo and Fidelity are registered service marks of FMR LLC, used by Fidelity Charitable under license. 502450.5.0 (12/2014)

