

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.

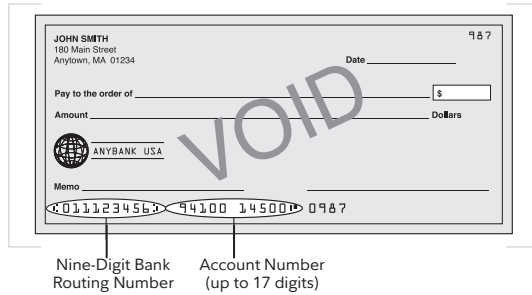
Print clearly in CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page. All fields marked with an asterisk (*) are required.

1. Current Account Information

<i>An Income Beneficiary may also be a donor.</i>	Income Beneficiary Name*		Pooled Income Fund (PIF) Account Number*	
	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.



Check one. Bank Account

Bank Routing Number*	Checking or Savings Account Number*
Bank Name and Address*	

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	

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 800-952-4438.</p> <p>Fax form to: 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 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. 502450.6.0 (07/18)