Advisor Agreement for Giving Account® Access

Professional advisors must complete this form to obtain access to client Giving Accounts at the *Fidelity*® Charitable Gift Fund.℠ In addition, a Giving Account® Access Form must be completed by the Gift Fund Donor who has authorized access. The *Fidelity*® Charitable Gift Fund℠ allows Donors to provide their professional advisors with two types of access to their Giving Accounts:

A. **Individual Access** — Your client (the Gift Fund Donor) may authorize you (their professional advisor) to obtain information regarding their Giving Account.
   a. Inquiry access allows you to obtain client Giving Account balances, contribution, and grant history online and/or via phone.
   b. Transactional access allows you to recommend exchanges among Gift Fund Investment Pools, make irrevocable contributions on your client's behalf, and recommend grants on your client's behalf. Your Social Security number is required for Transactional access.

B. **Shared Access** — Your client may authorize *shared access* to their Giving Accounts for other members of the advisor firm, including partners, colleagues, assistants, etc. This access is limited to Giving Account information only and does not include Transactional capability.

Note: Account statements and confirmations are available online for both access levels.

Please print. All information is required unless otherwise noted.

1 ADVISOR FIRM INFORMATION

Firm Name

Street Address

Firm Mailing Address (If Different)

City

State

ZIP Code/Postal Code

City

State

ZIP Code/Postal Code

Phone Number

TIN

2 FIRM REPRESENTATIVE INFORMATION

☐ I am authorized to represent the above-named Firm.

Name

Title

Legal Address (P.O. Box Not Acceptable)

City

State

ZIP Code/Postal Code

Mailing Address (If Different)

Email Address

Citizenship

Phone Number

Date of Birth (mm-dd-yyyy)

3 ACCESS LEVEL

A. For **Individual Access** to your clients' Giving Accounts, you must establish an *Individual User ID* below. This Individual User ID is solely your responsibility and must not be shared with other members of your firm.

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(Optional) If you would like **Transactional Access** to any of your clients' Giving Accounts, you must provide your Social Security number below. Also, your client must authorize your level of access via the *Giving Account Access Form*.

SOCIAL SECURITY NUMBER ☐☐☐–☐☐–☐☐☐☐

B. *(Optional)* For **Shared Access** to your clients' Giving Accounts, create a unique *Shared User ID* below. This Shared User ID may be shared with other members of the advisor firm (partners, colleagues, assistants, etc.) and is limited to Giving Account information only.

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Giving Account access via the Web requires a Personal Identification Number which will be sent to you via e-mail after this form is received by the Gift Fund. To log in, visit www.charitablegift.org/advisors.

4 SIGNATURE

I understand that my access to Donor Giving Account information is for the express purpose of providing service to my Firm's clients who are also Gift Fund Donors, and who have authorized me or the Firm with the appropriate permissions. The Firm and I will notify the Gift Fund of personnel changes that affect access options and levels. I understand that this access does not allow me or the Firm to deduct fees from any Giving Account and that the Gift Fund provides this access to me and/or the Firm exclusively at the Donor's written request. Such access can be revoked by either the Donor or the Gift Fund at any time, without prior written acknowledgement to me or the Advisor Firm. The Gift Fund will issue to me an initial password and instructions for accessing Giving Account information online and/or via phone. I understand that it is my responsibility to monitor access to my User ID by representatives of the Firm to ensure its proper and legal use. No individual outside of the Firm should have access. For security purposes, the Gift Fund has the right to require periodic password resets and/or issue new User IDs. I understand that reported Giving Account balances represent irrevocable and nonrefundable contributions to the Gift Fund, which are owned and held by the Gift Fund Trustees. They are not and do not represent assets of a Gift Fund Donor.

Advisor Signature Date

Print Name Title

Under policies of the *Fidelity* Charitable Gift Fund, and in accordance with the anti-money laundering regulations applicable to the various financial institutions that provide financial services to the Fidelity Charitable Gift Fund, we obtain, record, and may verify information that identifies each person who establishes a Giving Account at the Gift Fund and other people who contribute, or have access to the Giving Account.

What this means: The Gift Fund 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.

When completed, please mail this form to one of these addresses:

Gift Fund mailing address:
Fidelity Charitable Gift Fund
P.O. Box 55158
Boston, Massachusetts 02205
Fax: **617-476-7206**

Overnight address:
Fidelity Charitable Gift Fund
200 Seaport Blvd., ZE7
Boston, Massachusetts 02210

The *Fidelity* Charitable Gift Fund ("Gift Fund") is an independent public charity with a donor advised fund program. Various Fidelity companies provide non-discretionary investment management and administrative services to the Gift Fund.