

# Giving Account® Access Form

You may use this form to authorize the Fidelity® Charitable Gift Fund<sup>SM</sup> to provide professional advisors (such as financial advisors, CPAs, or attorneys) ("Advisors") or other third-party individuals (such as a family member or an assistant) with access to your Giving Account.® You may provide one of two levels of access — Inquiry Access or Transactional Access.

Inquiry Access

- Obtain account information, i.e., balance, contribution and grant history
- View-only Web access

Transactional Access

- Obtain account information, i.e., balance, contribution and grant history
- Make contributions to the Giving Account
- Recommend grants from the Giving Account to nonprofit organizations
- Recommend a pool reallocation
- Add or delete a successor, and change successor allocation and information
- Change donor(s) address, email, phone, fax

**Directions:** To authorize Giving Account access for your professional advisors, complete sections 1, 2 and 4. To authorize Giving Account access for a third-party individual, complete sections 1, 3 and 4.

Please print. All information is required unless otherwise noted.

## 1 GIVING ACCOUNT® HOLDER INFORMATION

Account Holder Name (Prefix, First, MI, Last)

Giving Account Number

CGF-

Day Phone

 - 

Evening Phone

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## 2 PROFESSIONAL ADVISOR AUTHORIZATION

Donors can provide their professional advisors with one of **two** levels of access to their Giving Account — **Inquiry Access** and **Transactional Access**. Please choose the level of access you wish to authorize.

- A. Inquiry Access** — authorizes your professional advisor to obtain Giving Account information.
- B. Transactional Access** — authorizes your professional advisor to recommend exchanges among Gift Fund Investment Pools, make irrevocable contributions on your behalf, and recommend grants on your behalf. Advisors may not share this level of access with other members of the advisor firm.
- Check here to allow your advisor to share Inquiry Access to your Giving Account with other members of the advisor firm (partners, colleagues, assistants, etc.).

You may choose to provide Inquiry Access to more than one advisor. Attach an additional sheet if necessary.

### ADVISOR INFORMATION

Advisor Name

Firm Name

Firm Phone Number

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## 3 THIRD-PARTY INDIVIDUAL AUTHORIZATION

Donors can provide third parties, such as a family member or an assistant ("third party"), with one of **two** levels of access to their Giving Account — **Inquiry Access** and **Transactional Access**. Please choose the level of access you wish to authorize.

- Inquiry Access** — authorizes a third party to obtain Giving Account information online and/or via phone.
- Transactional Access** — authorizes a third party to recommend exchanges among Gift Fund Investment Pools, make irrevocable contributions on your behalf, and recommend grants on your behalf.

**3 THIRD-PARTY INDIVIDUAL AUTHORIZATION (continued)**

You may choose to provide access to more than one third party, such as a family member or friend. Attach an additional sheet if necessary.

**INDIVIDUAL INFORMATION**

Individual Name	Social Security Number*
<input type="text"/>	<input type="text"/>
Relationship to Account Holder	Date of Birth (mm-dd-yyyy)*
<input type="text"/>	<input type="text"/>
Legal Address (P.O. Boxes not acceptable)	Mailing Address (if different)
<input type="text"/>	<input type="text"/>
City State ZIP Code/Postal Code	City State ZIP Code/Postal Code
<input type="text"/>	<input type="text"/>
Daytime Phone Evening Phone	Citizenship
<input type="text"/>	<input type="text"/>
Fax Number	Email Address
<input type="text"/>	<input type="text"/>

\* For identification purposes, Social Security number and date of birth are required for each third party. Once the third party has Giving Account access, they may create an Alternate Customer Identifier to be used in place of the Social Security number when accessing the Giving Account information.

I, the authorized third-party individual, agree to be bound by all the terms and conditions set forth in the Gift Fund's donor agreements relating to this Giving Account, and any other Giving Accounts I have been given access to, including the *Gift Fund Policy Guidelines: Program Circular* (which contains policies relating to Giving Accounts), and the statement below regarding the Gift Fund's right to verify information provided on this form (if necessary).

Third Party Individual's Signature	Date
<input type="text"/>	<input type="text"/>

Print Name

**4 ACCOUNT HOLDER SIGNATURE**

I, the Account Holder, have carefully read this form in its entirety and agree to be bound by it as it currently exists and as it may be modified in the future. I hereby designate the authorized Individuals, Firms or third parties listed in Sections 2 and/or 3, above, or on additional provided sheets, to have access to my Giving Account as designated above. I authorize the Gift Fund to rely on my authorized Advisor's or third party's instructions without further approval or direction from me.

This Authorization will remain in full force and effect until I, or another Account Holder on the Giving Account, indicate, in writing, that such access is to be modified or terminated. While I may revoke this Authorization, such notification will not affect the Gift Fund's reliance on the actions of the authorized Advisor or third party prior to the receipt of the notification. This Authorization will terminate if the Gift Fund is notified in writing of my disability, incapacity, or death.

Signature of Account Holder	Date
<input type="text"/>	<input type="text"/>

Print Name

**4 ACCOUNT HOLDER SIGNATURE (continued)**

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 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 or fax this form to:

**Fidelity Charitable Gift Fund**

**P.O. Box 55158**

**Boston, MA 02205-5158**

**Fax: 617-476-7206**

The *Fidelity* Charitable Gift Fund<sup>SM</sup> ("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.

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**800-682-4438**  
**[www.charitablegift.org](http://www.charitablegift.org)**

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