



Computershare Trust Company, N.A. P.O. Box 43078

Providence Rhode Island 02940-3078

Within the US, Canada & Puerto Rico 800 733 9393 Outside the US, Canada & Puerto Rico 781 575 4591

www.computershare.com/investor

Name		
Address		
City State 7in		

Joint -

Will be presumed to be joint tenants with rights of survivorship unless

restricted by applicable state law or otherwise indicated.

Custodial - A minor is the beneficial owner of the account with an adult custodian managing the account until the minor comes of age, as specified in the Uniform Gift/Transfer to Minors Act in the minor's state of residence. Please note that both the minor's and custodian social security number must be provided.

Account is established in accordance with the provisions of a trust agreement. Trust -

PFE

Use a black pen. Print in CAPITAL letters inside the grey areas as shown in this example.







E62UEF

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Pfizer Inc. Shareholder Investment Program - Initial Enrollment Form						
Account Legal Registration (Choos	Trust A	Account				
Single/Joint Account Citizenship	from the 3. Signal	You must provide Computershare with the following three pages from the Trust Document: 1. Title Page 2. Powers Page and 3. Signature Page				
USA	Other You must complete a W-8BEN form. Please refer to our website at	Date of Trust (mm/dd/yyyy)				
Account Information Name, Custodian Name or Full Trust Name	www.computershare.com or call the phone number above to obtain a form.					
Joint Owner (if any), Minor's Name or Trustee(s) Name						
Date of Birth (Primary Account Holder/Minor)	Date of Birth (Joint Account Holder/Custodian)	Minor's State (if applicable)				
Social Security Number (SSN) (Primary Account Holder/Mi Employer Identification Number (EIN)	nor) or Social Security Number (SSN) (Joint Account Holder/Custor	dian)				
Street Number Street Name		Apt./Unit Number				
City/Town	State/Province Postal Code	Country				



Pfizer Inc. Shareholder Investment Program - Initial Enrollment Form				
Home Telephone Number	Business Telephone Number			
Please refer to the plan prospectus of Check one box only. If you do not check any box, then FULL DIVIDE	<u> </u>	onal cash investments at any time under each of the participation options below		
Full Dividend Reinvestment Please mark this box if you wish to reinvest all d or any future holdings, including shares purchas	ividends that become payable on this account, on all stock now he ed with optional cash investments.	eld		
All Dividends Paid in Cash (No Please mark this box if you wish to receive divid including shares purchased with optional cash in	end payments in cash on all stock now held or any future holdings.	,		
	whole shares on which you wish to receive dividend payments in oure holdings, including shares purchased with optional cash	Partial Share Amount cash.		
	hown on this form is my correct taxpayer identification number, and a			
backup withholding, and 3. I am a U.S. person (including a U	e Internal Revenue Service (IRS) that I am subject to backup withhous. resident alien).	olding, or (c) the IRS has notified me that I am no longer subject to		
Certification Instructions. You must cross out item 2 above and dividends on your tax return.	if you have been notified by the IRS that you are currently subject t	to backup withholding because you have failed to report all interest		
the prospectus or brochure. I further agree that my participat	as and conditions of the prospectus or brochure that governs the pion in the plan will continue until I notify Computershare in writing the plan will be subject to the terms and conditions of the prospect residence.	at I desire to terminate my participation in the plan. Upon providing		
	of receipt. Confirmation of enrollment will not be mailed; however, a plan, please call us at the number referenced on the front page.	a transaction statement will be mailed once there is activity in your		
To be valid, this form must be signed by all account ho The Internal Revenue Service does not require your cons	lders. ent to any provision of this document other than the certificatic	ons required to avoid backup withholding.		
Please return completed form to:	Computershare P.O. Box 43078 Providence RI 02940-3078			
Signature 1 - Please keep signature within the box.		ate (mm/dd/yyyy)		
	al investment. e will not accept cash, traveler's checks, money orders or thir s. Please refer to the plan prospectus or brochure for the mini			

Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), social security number, bank account information, stock ownership information and other financial information.

With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information.

Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

