

**PFIZER INC. SHAREHOLDER INVESTMENT PROGRAM
AUTHORIZATION FORM**

(A) SHAREHOLDER INVESTMENT PROGRAM AUTHORIZATION

I have read the prospectus describing the Pfizer Inc. Shareholder Investment Program. I would like to participate in the Program, and I will follow the terms and conditions of the Program. I appoint Computershare Trust Company, N.A. as my agent to apply my dividends and any cash investment to the purchase of shares of Pfizer stock, and to sell my shares in accordance with the Program. I understand that, unless waived by Pfizer, I will be charged a fee of \$15 plus a per share brokerage commission for each sale of shares. I will be charged an insufficient funds fee of \$25 for each check, electronic funds transfer, or other investment that is rejected for insufficient funds. I authorize Pfizer or its agent to deduct any of the above-described charges from my Program account.

PLEASE PRINT

Name(s): _____ Social Security Number _____ - _____ - _____

_____ Daytime Telephone Number _____

Address: _____
Street City State Zip Code

Email Address: _____

(B) DIVIDEND REINVESTMENT

Please check only one box below.

If you do not check a box, Box 1 for Full Dividend Reinvestment will be applied automatically.

1. Full Dividend Reinvestment – Please reinvest dividends on all the shares of Pfizer Common Stock that I own in my name.
 2. Partial Dividend Reinvestment – Please send me cash dividends on _____ shares of Pfizer Common Stock that I own in my name.

(C) DIRECT PURCHASE (Complete if you are not yet a Pfizer shareholder)

Enclosed is my check in the amount of \$ _____, made payable to “Computershare”

(Amount must be at least \$500 and no more than \$120,000; please reference “Pfizer” in the “Memo” portion of your check.)

Please invest this amount in Pfizer stock for me, and credit my Program account with the stock purchased.

(D) OPTIONAL CASH INVESTMENT (Complete only if you are already a Pfizer shareholder and wish to make an initial cash investment)

Enclosed is my check in the amount of \$ _____, made payable to “Computershare”

(Amount must be at least \$50 and no more than \$120,000; please reference “Pfizer” in the “Memo” portion of your check.)

Please invest this amount in Pfizer stock for me, and credit my Program account with the stock purchased.

(E) AUTOMATIC MONTHLY DEBIT AUTHORIZATION (See sample check on back of this form)

This authorization is OPTIONAL. Debits will take place on approximately the 15th day of every month.

Please include a voided check and allow four to six weeks for this authorization to take effect.

I authorize Computershare, or a successor Administrator, to make monthly electronic transfers from my account at a U.S. bank or financial institution in the amount I have indicated below, and to use these funds to buy shares of Pfizer stock which will be credited to my Program account.

Please deduct \$ _____ from my bank account each month for investment in Pfizer stock.

(Amount must be at least \$50 but no more than \$10,000). Total annual investment cannot exceed \$120,000.

Name of Bank: _____ Branch: _____

Address: _____
Street City State Zip Code

Bank Account Name _____

Bank Account Number _____ Nine-Digit ABA Number _____

My authorization will continue unless I send written or e-mail notice that I wish to cancel, or the Administrator sends written notice that any of the above services have been ended.

(F) Signature(s) _____ Date: _____

Pfizer Inc.
c/o Computershare Trust Company, N.A.
P.O. Box 43078
Providence, RI 02940-3078

