



Interested party access

Use this form to authorize a family member, successor-advisor, professional advisor (such as an attorney, financial advisor, or accountant), or other interested party to have access to your philanthropic account.

To authorize additional individuals to access your account, complete a second form.

For more information, refer to our *Policies & guidelines* booklet.

Contact us
with questions

888-383-4483
donorservice@vanguardcharitable.org

1 Account information

Account number	Account name	Fund
A	The	

2 Access level

	Full	Read-only + Exchanges	Read-only	Paper Statement
Receive paper quarterly statements only				✓
Receive paper or online quarterly statements depending on delivery preference	✓	✓	✓	
Request account information such as balance, transaction status, and history.	✓	✓	✓	
View account information and statements online	✓	✓	✓	
Reset individual password online	✓	✓	✓	
Select a delivery preference (electronic or paper) for communications	✓	✓	✓	
Edit personal contact information online	✓	✓	✓	
Recommend exchanges online or over the phone	✓	✓		
Recommend grants online or with paper form	✓			
Request address changes for account advisors	✓			
View/recieve confirmations of contributions, grants, exchanges and other account activity, if designated as the primary contact on the account	✓			
Request changes to the account name, advisors, or succession plan.	n/a	n/a	n/a	n/a
Link their own Vanguard and Vanguard Charitable accounts	✓	✓	✓	

Select one level of account access for the interested party.

<input type="checkbox"/> Full access Interested parties with full access are subject to the same policies & guidelines as account advisors. They can only view current account confirmations and statements and will not have access to historical communications.
<input type="checkbox"/> Read-only + exchange access Interested parties with read-only + exchange access can receive statements, view account activity, and make investment exchanges.
<input type="checkbox"/> Read-only access Interested parties can only view current account confirmations and statements and will not have access to historical communications.
<input type="checkbox"/> Paper statement access Individuals will be displayed online as interested parties with "No Access."

3 Interested party

Role of interested party <input type="checkbox"/> Professional advisor <input type="checkbox"/> Family member/friend <input type="checkbox"/> Other designated party		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Name <i>salutation, first, middle initial, last</i>	
Firm/company name		
Birth date <i>mm-dd-yyyy</i>	Last 4 digits of SSN or PIN	
Preferred phone number <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile	Alternate phone number <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile	
Street address or P.O. box number		
City	State	Zip
Email address	Preferred contact method <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail	
Relationship to account advisors		

If checked, the interested party must have full account access.

Name this person as the primary contact for the account.

As an authorized user on the account named in **Section 1**, I:

- verify that the information in **Section 3** is complete and accurate,
- understand that I will only be eligible to act on the responsibilities designated in **Section 2**,
- understand Vanguard Charitable is a public charity that offers a donor-advised fund, and all account assets are the property of Vanguard Charitable and not of the account advisors or interested parties, and
- acknowledge I have read and agree to abide by the terms and conditions in the *Policies & guidelines* booklet, including policies for recommending grants.

An interested party receiving full or read-only account access must sign here. ▶

Signature of interested party X	Date <i>mm-dd-yyyy</i>
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4 Required signatures

By signing below, I authorize Vanguard Charitable to release information and/or provide access to the account named in **Section 1** to the interested party named in **Section 3**. I acknowledge I have read and agree to abide by the terms and conditions in the *Policies & guidelines* booklet.

Account advisor A

Name <i>first, middle initial, last</i>	
Signature X	Date <i>mm-dd-yyyy</i>

All current account advisors must sign here. ▶

Account advisor B

Name <i>if applicable first, middle initial, last</i>	
Signature X	Date <i>mm-dd-yyyy</i>

<h3>Return information</h3> <p>Return this form and required documentation to Vanguard Charitable.</p>	<p>Email: donorservice@vanguardcharitable.org <i>We recommend encrypting the form and sharing the password separately.</i></p> <p>Fax: 866-485-9414</p> <p>Mail: P.O. Box 9509 Warwick, RI 02889-9509</p> <p>Registered, certified or overnight mail: 2670 Warwick Avenue, Warwick, RI 02889-2509</p>
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