

Open a philanthropic account

Use this form to open a philanthropic account and make an initial irrevocable contribution of at least \$25,000.

If you require extra space, include additional sheets. Please do not staple. Before completing this form, refer to our *Policies and guidelines* booklet.

Contact us with questions

888-383-4483 donorservice@vanguardcharitable.org

1 Account information

Choose a name for your philanthropic account ("The Williams Family Charitable Fund," for example). Unless you request anonymity when you recommend grants, the name below will appear on correspondence with organizations that receive grants from this account.

Do not use the words "trust," "endowment," "fund," or "foundation."

	Account name	
•	The	Fund

2 Account advisor information

Name a maximum of two advisors to the account. All advisors have ongoing account privileges and access and must consent to changes to the account succession plan, name, or advisors. Account advisors may independently recommend grants and exchanges.

Gender Male Fei	Name salutation, fin	rst, middle initial, last			
Birth date mm-dd	^L - <i>YYYY</i>	Last 4 digits of SSN or PIN Alternate phone			
Preferred phone					
Business	Home Mobile	Business Home Mobile			
Street address or F					
Street address of r	P.O. box number				
City	20. box number	State Zip			
	20. box number	State Zip Preferred contact method Email Phone			

Acknowledge you read and agree to abide by the terms and conditions in our *Policies and* guidelines booklet.

	Account advisor B					
	Gender Male Female					
	Birth date mm-dd-yyyy	/	Last 4 digits of	SSN o	or PIN	
	Preferred phone		Alternate phon	e		
	Business Ho	ome Mobile	Business	ŀ	Home	Mobile
	Street address or P.O. b	oox number				
	City				State	Zip
	Email address		F [Preferre En		ct method Phone Mail
	Relationship to account	t advisor A				
Acknowledge you read and agree to						
abide by the terms and conditions in our <i>Policies and</i> <i>guidelines</i> booklet.	Signature of account a	dvisor B			Date	mm-dd-yyyy

3 Succession plan

Choose what will happen to your account when all advisors named in **Section 2** are unable or unwilling to manage account processes. Select any combination of succession options and assign a percentage of your account's remaining assets. If a valid succession plan is not in effect, remaining account assets will be transferred to The Philanthropic Impact Fund.

If checked, complete Section 3a.		Option 1: Pass current account privileges to others. Retain the assets in your account and appoint up to two successor-advisors.	%
Section 3a.		Option 2: Create new accounts. Divide account assets equally and create one or more new accounts, each with up to two successor-advisors. The minimum initial amount for each account is \$25,000.	%
If checked, complete Section 3b.	•	Option 3: Recommend final grants to charity. Recommend one or more charities receive a final, lump-sum grant from your account. All grants are subject to review and approval at the time the succession plan is enacted.	%
a Recommend an Endowed Grant Plan form.	ant Plan 🕨	Option 4: Establish recurring grants with an Endowed Grant Plan. Recommend recurring grants based on a percentage of the account's balance. This option is not in effect until Vanguard Charitable receives a completed <i>Recommend</i> <i>an Endowed Grant Plan</i> form, which is available at vanguardcharitable.org.	%
		Option 5: Transfer assets to The Philanthropic Impact Fund. The Philanthropic Impact Fund is managed by our board of trustees and used to grant to a variety of charitable causes.	%
		Total must equal 100%.	Total 100 %

3a. Successor-advisors

If you selected **Option 1** or **Option 2** as a succession plan, name successor-advisors here. Successor-advisors cannot be current advisors on the same account. Successor-advisors will not receive account privileges until the plan is enacted, or if they are named as interested parties on the account.

Successor-advisor A

Gender Name salutation, first Male Female	, middle initial, last				
Title if applicable					
Birth date mm-dd-yyyy Preferred phone					
Street address or P.O. box number					
City		State	Zip		
Email address					
Relationship to current account advisors					

Successor-advisor B

Gender Male Female Title <i>if applicable</i>	Name salutation, first,	middle initial, last			
Birth date mm-dd-yyyy Preferred phone					
Street address or P.O. box	< number				
City			State	Zip	
Email address					
Relationship to current ac	count advisors				

	3 b.	Nonprofit organization	ns					
		If you selected Option	3 as a succession plan, name n	ionprofit orga	anization	s here.		
Specify the percentage to be granted to this charity.		Organization A %						
		Charity information						
Grants are made payable to charity's legal name, which may differ from its		Charity legal name				EIN if available		
common name.		Street address or P.O. box number						
		City			State	Zip		
		Preferred phone	Web address					
		Grant purpose						
		General operating	g expenses					
		Other:						
Grant recognition								
		Account name o	nly	Anonymous				
		No contact informat	on N	lo identifying o	r contact	information		
Specify the percentage to be granted to this charity.		Organization B	%					
Grants are made payable		Charity information						
to charity's legal name, which may differ from its		Charity legal name				EIN if available		
common name.		Street address or P.O. bo	x number					
		City			State	Zip		
		Preferred phone	Web address					
		Grant purpose						
		General operating expenses						
	Other:							
		Grant recognition						
		Account name o	nly A	Anonymous				
		No contact informat		lo identifying o	r contact	information		

4 Referral information

Tell us how you learned about Vanguard Charitable. Check all that apply.

Vanguard Charitable
The Vanguard Group
Friend or family member Name of your friend/family member:
Professional advisor Name of the advisor:
Publication Title of the publication:
Website or internet search Specific website:
Event Specific event:
Other please specify

Continue to contribute to this account >

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Make a contribution



5 Donor information

Identify all registered owners of the assets being donated.

If you selected	Trust or Organization Individual	
Individual, do not complete these fields. A current <i>Corporate</i> /	Name of trust/organization	
organization standing certification must be submitted or on file at	Taxpayer Identification Number last 4 digits	Trust agreement date mm-dd-yyyy
Vanguard Charitable.	Check here if the account advisors in Section 2 a of the assets to be donated, and proceed to Sect	

Owner/Trustee/Officer A

Gender Male Female	Name salutation, first, middle initial, last					
Title at organization						
Birth date mm-dd-yyyy	Last 4 digits of SSN or PIN	Preferred phone				
Street address or P.O. bo	ox number					
City		State	Zip			
Email address						

Owner/Trustee/Officer B

Gender Name salutation, first, middle initial, last Male Female								
Title at organization								
Birth date mm-dd-yyyy	Last 4 digits of SSN or PIN	Preferre	d phone					
Street address or P.O. box number								
City			State	Zip				
Email address								

Vanguard Charitable will send a tax substantiation letter to this address.

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6 Contribution type

The minimum initial contribution is \$25,000.



6a. Vanguard mutual fund held at Vanguard or Vanguard Brokerage Services

	Account number	Fund name	Ticker symbol	Number of shares or "All"
To specify lots, complete these fields				
and enter shares below.				

Specific ID cost basis method only

To specify lots, complete these fields and the fields above.

For additional lots, attach extra paper signed at dated by all registered owners. These pages should include the following: account number, fund name, and date shares acquired.

Account number		Security/fund name			Ticker symbol
	Number of shares		Date shares acquired Purchase p		e per share
Lot 1				\$	
Lot 2				\$	
Lot 3				\$	

Note: If you prefer to use specific identification for this transaction, but your account is using the average cost basis method, either by your affirmative election or Vanguard's default, you must change your cost basis method to specific identification in writing. Contact Vanguard for more information.

6b. Security held at Vanguard Brokerage Services (i.e. stock, bond, ETF, non-Vanguard mutual fund)

Account number	Security/fund name	Ticker symbol	Number of shares or "All"	Approximate value
				\$
				\$
				\$

Specific ID cost basis method only

To specify lots, complete these fields and the fields above.

To specify lots, complete these fields

and enter shares below.

For additional lots, attach extra paper signed at dated by all registered owners. These pages should include the following: account number, fund name, and date shares acquired.

Account n	Account number		ı/fund name	Ticker symbol	
	Number of shares		Date shares acquired Purchase		e per share
Lot 1				\$	
Lot 2				\$	
Lot 3	Lot 3			\$	

Note: If you prefer to use specific identification for this transaction, but your account is using First In, First Out (FIFO) cost basis method, either by your affirmative election or Vanguard's default, you must change your cost basis method to specific identification in writing. Contact Vanguard for more information.



Related donors

IRS guidelines require Vanguard Charitable to track its donations from related parties. List below the names of any relatives (or organizations on whose behalf you have the authority to act) who have donated to Vanguard Charitable.

Related party

Name salutation, first, middle initial, last
Relationship to donor

8 Investment options

Contribution proceeds may be invested in any combination of the investment options listed below. Information on our current investment options and performance is available at vanguardcharitable.org/investments. If no allocation is selected, 100% of proceeds will be allocated into Money Market.

		%
Portfolio Solutions	Conservative Growth	%
Investment Options	Moderate Growth	%
	Growth	%
	Money Market	%
	Short-Term Bond	%
	Total Bond	%
	Total International Bond	%
Portfolio Builders	Total Equity	%
Investment Options	Total U.S. Stock	%
	Total International Stock	%
	Balanced Index	%
	Wellington	%
	European Stock	%
	Pacific Stock	%
	Emerging Markets Stock	%
	ESG U.S. Stock	%
Value-Driven Investment Options	ESG International Stock	%
	ESG Global Stock	%

Total must equal 100%.

Form continues on next page

9 Required signatures

By signing below, I authorize the transfer of the assets described in **Section 6** to Vanguard Charitable. I acknowledge that my gift of the property described in **Section 6** will be irrevocable and unconditional when received and accepted by Vanguard Charitable. I acknowledge that I have read and agree to abide by the terms and conditions set forth in Vanguard Charitable's *Policies and guidelines* booklet, which will be amended from time to time. I hereby certify, to the best of my knowledge, that all information presented in connection with this form and contribution is accurate and that I will notify Vanguard Charitable promptly of any changes. I confirm I have the full authority to enter into this agreement or to recommend a grant from another donor-advised fund wherein the sponsoring organization is the owner of the funds transferred to Vanguard Charitable.

If a Medallion signature guarantee is required for your contribution, do not sign unless you are in the presence of an authorizing officer. Signature dates must match Medallion signature guarantee.

Signature of owner/trustee/officer A	Date	mm-dd-yyyy
X		
Signature of owner/trustee/officer B	Date	mm-dd-yyyy
X		

10 Authentication

Additional authentication is required if you are contributing **assets valued at \$2 million or more at Vanguard.** Authentication for these assets must be completed using one of the following:

- (1) Vanguard voice verification[™] or
- (2) Signature guarantee, or
- (3) Medallion signature guarantee.

Check this box if you intend to use Vanguard voice verification in lieu of signature guarantee. However, you must be enrolled in the service, which can take up to one week to complete. For more information or to register, contact your Vanguard representative.

Name of your Vanguard representative if known

If you are using a Signature guarantee or Medallion signature guarantee, complete Section 11.

11 Signature guarantee

All registered owners must be present for the Signature guarantee or Medallion signature guarantee. Some brokerage firms may require one guarantee for each signature on the form. Ensure with your bank or broker that the Medallion signature guarantee(s) provided will cover the amount of the gift.

A notary public cannot provide a Signature	•	Signature of authorized officer	Place stamp here
guarantee or Medallion signature guarantee.		Authorized officer's title	
		Name of institution	
		Date mm-dd-yyyy	This applies to all signatures in Section 9 .

Return information Return this form and required	Email:	donorservice@vanguardcharitable.org We recommend encrypting the form and sharing the password with us.
documentation to Vanguard Charitable. If the document has a Signature guarantee	Fax:	866-485-9414
or Medallion signature guarantee, it must be mailed.	Mail:	P.O. Box 9509 Warwick, RI 02889-9509
	Registered, certified or overnight mail:	2670 Warwick Avenue, Warwick, RI 02889-9509