



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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