



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.

This form may also be used to remove an interested party and change their access level. For an explanation of interested party access levels, please see page 3.

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

donorservice@vanguardcharitable.org

1 Account information

Account number	Account name	
A	The	Fund

2 Identify changes

Add new interested party <i>Complete sections 1, 3, and 5</i>
Update current interested party information <i>Complete sections 1, 3, and 5</i>
Change current interested party access level <i>Complete sections 1, 3, and 5</i>
Remove interested party <i>Complete sections 1, and 4 or 5</i>

3 Add or Update interested party

Role of interested party					
Professional advisor		Family member/friend		Other _____	
Access level <i>Only one Primary Contact can be on an account. See section 6 for description</i>					
Primary Contact		Full access		Read-only + Exchange	
Read-only		Paper statement			
Name <i>salutation, first, middle initial, last</i>					
Last 4 digits of SSN or PIN			Birth date <i>mm-dd-yyyy</i>		
Preferred phone			Alternate phone		
Business		Home	Mobile	Business	
		Home	Mobile	Home	
		Mobile	Mobile		
Mailing address or P.O. box number					
City				State	Zip
Email address				Preferred contact method	
				Email	Phone
				Mail	
Relationship to account advisor(s)					

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.

Interested party being added to the account must sign here. ▶

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

4 Remove interested party

Interested parties removing themselves from an account must sign here. ▶

Name <i>salutation, first, middle initial, last</i>	Last 4 digits of SSN or PIN
Signature of interested party	Date <i>mm-dd-yyyy</i>
X	

5 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**. If an individual is named in **Section 4**, I authorize Vanguard Charitable to remove them from the account named in **Section 1**. *Only one signature needed.*

Account Advisor or Primary Contact

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

6 Access level overview

	Primary Contact	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/receive confirmations of contributions, grants, exchanges and other account activity.	✓	✓			
Request changes to the account name, advisors, or succession plan	n/a	n/a	n/a	n/a	n/a
Link their own Vanguard and Vanguard Charitable accounts	✓	✓	✓	✓	
Name interested parties to access account	✓				
Permission to share account information to authorized 3rd parties	✓				

Return information

Return this form and required documentation to Vanguard Charitable. If the document has a Signature guarantee or Medallion signature guarantee, it must be mailed.

Email: donorservice@vanguardcharitable.org
We recommend encrypting the form and sharing the password with us.

Phone: 888-383-4483

Fax: 866-485-9414

Mail: P.O. Box 9509
Warwick, RI 02889-9509

Registered, certified or overnight mail: 2670 Warwick Avenue,
Warwick, RI 02889-9509