

# Account information update

Use this form to change the name of your philanthropic account, account advisors, or address.

If you require extra space, include additional sheets. Please do not staple.

For more information, refer to our Policies and guidelines booklet.

Contact us with questions

888-383-4483 donorservice@vanguardcharitable.org

# 1 Account information

Account number	Account name	
Α	The	Fund

# 2 Identify changes

Update current primary account advisor information - This can be completed online Complete sections 1, 2, 3, and 6
Replace primary account advisor Complete sections 1, 2, 3, and 6
Add, update or replace secondary account advisor Complete sections 1, 2, 3, and 6
Remove account advisor Complete sections 1, 2, 3, and 6
Enact Succession Plan: update account advisors  Please submit completed account information update form along with a copy of a death certificate or power of attorney.
Complete sections 1, 2, 3, and 6
Change account name - This can be completed online Complete sections 1, 2, 4, and 6
Update account advisor address - This can be completed online Complete sections 1, 2, 5, and 6

Additional information		

# 3 Account advisors

If the current account

advisor is unable to act due to incapacity

or disability, include a copy of a durable power of attorney. If the current account advisor has died, include a copy of the

death certificate.

A maximum of two advisors may be named to the account. All advisors have ongoing account privileges and access and must together consent to changes to the account name and advisors. Account advisors may independently recommend changes to the account succession plan, interested parties, grants and exchanges.

#### 3a. Primary account advisor

#### Replace primary account advisor

If the current account advisor is unable to act due to incapacity or disability, include a copy of a durable power of attorney. If the current account advisor has died, include a copy of the death certificate.

Update current account advisor information

Remove primary account advisor

Change current primary account advisor FROM:

Name	salutation, first, middle initial, last	Last 4 digits of	SSN or	PIN	

### Change primary account advisor TO:

Name salutation, first, middle initial, last						
Last 4 digits of SSN or PIN Birth date mm-dd-yyyy						
Preferred phone Alternate phone						
Business Home Mobile	Business Home Mobile					
Mailing address or P.O. box number						
City	State Zip					
Email address	Preferred contact method					
	Email Phone Mail					
Relationship to current primary account advisor						

By signing this form, you acknowledge that you read and agree to abide by the terms and conditions in our Policies and guidelines booklet.

X	Signature of new primary account advisor	Date	mm-dd-yyyy
	X		

Form continues on next page

### **3b.** Secondary account advisor

Add secondary account advisor

#### Replace account advisor

If the current account advisor is unable to act due to incapacity or disability, include a copy of a durable power of attorney. If the current account advisor has died, include a copy of the death certificate.

Update current account advisor information

Remove secondary account advisor

### Change secondary account advisor FROM:

Name salu	utation, first, middle initial, last	Last 4 digits of	SSN or	PIN

### Change secondary account advisor TO:

Name salutation, first, middle	e initial, last					
Last 4 digits of SSN or	PIN	Birth date m	nm-dd-yy	<i>'YY</i>		
Preferred phone		Alternate pho	one			
Business Home	Mobile	Business	s 1	Home	Mobile	
Mailing address or P.O. box r	number					
City				State	Zip	
Email address Preferred contact method						
	Email Phone Mail					
Relationship to current secon	ndary account advisor	•	1			

By signing this form, you acknowledge that you read and agree to abide by the terms and conditions in our Policies and guidelines booklet.

Signature of new secondary account advisor	Date	mm-dd-yyyy
X		

# 4 New account name

If applicable

### Change account name FROM:

Account name	
The	Fund

### Change account name TO:

Do not use the words "trust," "endowment," "fund," or "foundation." Account name
The Fund

# 5 Change address

Enter new address below and indicate if this is a change for primary advisor, secondary advisor, or both.

Primary Advisor Secondary Advisor Both

Mailing address or P.O. box number		
City	State	Zip

# 6 Required signatures

By signing below, I authorize Vanguard Charitable to change account advisors, account name, or address as detailed in **Section 2** and **Section 3** above. I acknowledge I have read and agree to abide by the terms and conditions in the *Policies and guidelines* booklet.

### Current primary account advisor

	Name first, middle initial, last	
	Signature	Date mm-dd-yyyy
All Account Advisors must sign to add, replace, or	Current secondary account advisor	
remove Account Advisors	Name if applicable first, middle initial, last	
	Signature	Date mm-dd-yyyy
	X	

## Return information

Return this form and required documentation to Vanguard Charitable.

Email: donorservice@vanguardcharitable.org

We recommend encrypting the form and sharing the password separately.

sharing the password separately.

Fax: 866-485-9414

Mail: P.O. Box 9509

Warwick, RI 02889-9509

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