Recommend an Endowed Grant Plan



Use this form to recommend a new or updated Endowed Grant Plan (EGP) as part of the succession plan for your philanthropic account.

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 or special requests

888-383-4483 donorservice@vanguardcharitable.org

1 Account information

Account number	Account name	
A	The	Fund

2 Investment allocation

If checked, select investment options below.

Retain account's current allocation when plan is enacted

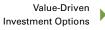
Reallocate account's invesment options or choose new investment options when the plan is enacted

If an investment option is unavailable when the plan is enacted, Vanguard Charitable will allocate assets to options that most closely resemble your original selection. Unless specified otherwise, Vanguard Charitable will use a weighted allocation to fund all grants. If no allocation is selected and there is no current investment allocation on the account, 100% of proceeds will be allocated into Conservative Growth.

Portfolio Solutions Investment Options



Portfolio Builders Investment Options



Income		
Conservative Growth		
Moderate Growth		
Growth		
Money Market		
Short-Term Bond		
Total Bond		
Total International Bond		
Total Equity		
Total U.S Stock		
Total International Stock		
Balanced Index		
Wellington		
European Stock		
Pacific Stock		
Emerging Markets Stock		
ESG U.S. Stock		
ESG International Stock		
ESG Global Stock		
	Total must equal 100%.	100 %

3 Recommend annual grants

The minimum grant amount is \$500.

Nonprofit organization A

An EGP must grant at least
5% of the account balance
annually. The distribution
can be divided among
multiple charities.

Timing and amount

Annual percentage of account balance Percentage:

Grants are made payable to charity's legal name, which may differ from its common name.

Charity information

Charity legal name		EIN if available
Street address or P.O. box number		
City	State	Zip
Web address		

Enter the name of an individual at the charity who can answer questions about the grant.

Charity contact		
Primary contact first and last name		
Primary contact title		
Preferred phone	Email address	

Grant purpose

(General operating expenses
ι	Jnrestricted Gift
C	Other:

Grant recognition

Account name only	Anonymous
No contact information	No identifying or contact information

Form continues on next page 2 of 8

Nonprofit organization B

An EGP must grant at least 5% of the account balance annually. The distribution can be divided among multiple charities.

Timing and amount

Annual percentage	of account balance
Percentage:	%

Grants are made payable to charity's legal name, which may differ from its common name.

Charity information

Charity legal name		EIN if available
Street address or P.O. box number		
City	State	Zip
Web address		

Charity contact

Enter the name of an individual at the charity who can answer questions about the grant.

onancy contact		
Primary contact first and last name		
Primary contact title		
Preferred phone	Email address	

Grant purpose

General operating expenses
General operating expenses
Other:

Grant recognition

Account name only	Anonymous
No contact information	No identifying or contact information

Form continues on next page 3 of 8

Nonprofit organization C

An EGP must grant at least 5% of the account balance annually. The distribution can be divided among multiple charities.

Timing and amount

Percentage: %	Annual percentage	of account balance
	Percentage:	%

Grants are made payable to charity's legal name, which may differ from its common name.

Charity information

Charity legal name		EIN if available
Street address or P.O. box number		
City	State	Zip
Web address		

Charity contact

Enter the name of an individual at the charity who can answer questions about the grant.

Sharry dontage	
Primary contact first and last name	
Primary contact title	
Preferred phone	Email address

Grant purpose

General operating expenses
General operating expenses
Other:

Grant recognition

Account name only	Anonymous
No contact information	No identifying or contact information

Form continues on next page 4 of 8

Nonprofit organization D

An EGP must grant at least 5% of the account balance annually. The distribution can be divided among multiple charities.

Timing and amount

Percentage: %	Annual percentage	of account balance
	Percentage:	%

Grants are made payable to charity's legal name, which may differ from its common name.

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Charity legal name		EIN if available
Street address or P.O. box number		
City	State	Zip
Web address		

Charity contact

Enter the name of an individual at the charity who can answer questions about the grant.

Primary contact first an	nd last name
Primary contact title	
Preferred phone	Email address

Grant purpose

General operating expenses	
General operating expenses	
Other:	

Grant recognition

Account name only	Anonymous
No contact information	No identifying or contact information

Form continues on next page

Nonprofit organization E

An EGP must grant at least 5% of the account balance annually. The distribution can be divided among multiple charities.

Timing and amount

Annual percentage	of account balance
Percentage:	%

Grants are made payable to charity's legal name, which may differ from its common name.

Charity information

Charity legal name		EIN if available
Street address or P.O. box number	1	
City	State	Zip
Web address		

Charity contact

Enter the name of an individual at the charity who can answer questions about the grant.

Primary contact first and last name		
Primary contact title		
Preferred phone	Email address	

Grant purpose

General operating expenses
General operating expenses
Other:

Grant recognition

Account name only	Anonymous
No contact information	No identifying or contact information

Form continues on next page

4 Plan term

If the balance cannot support \$500 grants, the remaining assets will be granted to the charities in proportion to the percentages in **Section 3**.

All grants within an EGP must be distributed in the same month.

Month in which annual grant will be issued

Cannot be November or December due to seasonal transaction volumes. If no month is selected, April will be used as a default.

Month:

Continue granting as long as the account balance can support \$500 grants.

Continue granting for a set number of years after the plan is enacted.

The minimum EGP term is 5 years.

Number of years:

5 Charity ineligibility

Select **one** way grants will be distributed if a named charity no longer exists.

Option 1: Reallocate grants among other named charities.

Option 2: Select from a list of alternative charities provided by the account advisors. (Include with this form a list, signed and dated, of secondary charities.) If no list is provided, Vanguard Charitable to choose an alternative organization that most closely resembles the original charity.

Option 3: Distribute the grant to Vanguard Charitable's Philanthropic Impact Fund.

6 Activity notification

Nominate one individual to receive statements about granting activity. When the EGP is enacted, this individual, if permitted, will have the option to name a successor. This individual will not have authority to act on the account or change the plan.

Name salutation, first, middle initial,	last		
Relationship to current advisors			
Street address or P.O. box number			
City		State	Zip
Preferred phone	Email address		

Is this individual permitted to nominate a successor to receive annual statements?

Yes No

Form continues on next page 7 of 8

7 Required signatures

By signing below, I certify on behalf of all authorized parties on this account that:

- no individual(s) will receive any **impermissible benefit** in connection with this recommended grant. This includes, but is not limited to, tickets or admission to events, museums or sporting events, goods at charitable auctions, dues, and tuition. This also includes goods or services that, if rendered or received in exchange for a donation, would reduce the donor's charitable deduction.
- no individual(s) will claim a **charitable deduction** for grants made by Vanguard Charitable, even if the recipient organization sends a receipt.
- the grant will not fulfill a **legally binding pledge**. A pledge is a promise to make a gift. If you are not sure if you have a legally binding commitment in place, please contact Vanguard Charitable.
- the grant will not support a **scholarship** where any donor, account advisor, or interested party on this Vanguard Charitable account has a role in selecting the recipient(s) of the scholarship, or where any donor, account advisor, or interested party on the account or anyone related to any such donor, account advisor, or interested party is an eligible recipient. I understand that all grants to support a scholarship are subject to the control and discretion of the recipient organization.
- the grant will not support a specific mission, missionary project, or named missionary who is related to me or
 any other donor, account advisor, or interested party to this account. I understand that all grants to support a
 specific mission, missionary project, or named missionary are subject to the control and discretion of the recipient
 organization.
- if the recommended grant is for a **supporting organization**, neither I nor any other authorized parties on the account, nor any parties related to me, or to any other authorized parties on the account, directly or indirectly control any supported organization of the recommended grant recipient.
- I have read and agree to Vanguard Charitable's *Policies and guidelines* booklet and understand that each grant issued from the EGP is subject to Vanguard Charitable's terms and policies at the time the grant is scheduled to be issued.

Account advisor		
Name first, middle initial, last		
Signature	Date mm-dd-yyyy	
X		

Return information Return this form and required documentation to Vanguard Charitable.	Email: donorservice@vanguardcharitable.or We recommend encrypting the form and sharing the password separately.	
	Fax:	866-485-9414
	Mail:	P.O. Box 9509 Warwick, RI 02889-9509