



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.

Account advisor A *primary contact*

| | | | |
|--|---|-----|--|
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Name <i>salutation, first, middle initial, last</i> | | |
| Birth date <i>mm-dd-yyyy</i> | Last 4 digits of SSN or PIN | | |
| Preferred phone <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile | Alternate phone <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 | | |

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

| | |
|-------------------------------------|------------------------|
| Signature of account advisor A X | Date <i>mm-dd-yyyy</i> |
|-------------------------------------|------------------------|

Account advisor B

| | | | |
|---|--|--|------------|
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Name <i>salutation, first, middle initial, last</i> | |
| Birth date <i>mm-dd-yyyy</i> | | Last 4 digits of SSN or PIN | |
| Preferred phone <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile | | Alternate phone <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 advisor A | | | |

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

| | |
|--|-------------------------------|
| Signature of account advisor B X | Date <i>mm-dd-yyyy</i> |
|--|-------------------------------|

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. ▶ | <input type="checkbox"/> Option 1: Pass current account privileges to others. Retain the assets in your account and appoint up to two successor-advisors. | % |
| | <input type="checkbox"/> 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. ▶ | <input type="checkbox"/> 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. | % |
| If checked, complete a <i>Recommend an Endowed Grant Plan</i> form. ▶ | <input type="checkbox"/> 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 an Endowed Grant Plan</i> form, which is available at vanguardcharitable.org . | % |
| | <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female | | Name <i>salutation, first, middle initial, last</i> | |
| Title <i>if applicable</i> | | | |
| Birth date <i>mm-dd-yyyy</i> | | Preferred phone | |
| Street address or P.O. box number | | | |
| City | | State | Zip |
| Email address | | | |
| Relationship to current account advisors | | | |

Successor-advisor B

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

3b. Nonprofit organizations

If you selected **Option 3** as a succession plan, name nonprofit organizations here.

Specify the percentage to be granted to this charity.

► **Organization A** %

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

Charity information

| | | | |
|-----------------------------------|-------------|-------------------------|-----|
| Charity legal name | | EIN <i>if available</i> | |
| Street address or P.O. box number | | | |
| City | | State | Zip |
| Preferred phone | Web address | | |

Grant purpose

| |
|---|
| <input type="checkbox"/> General operating expenses |
| <input type="checkbox"/> Other: |

Grant recognition

| | |
|---|--|
| <input type="checkbox"/> Account name only No contact information | <input type="checkbox"/> Anonymous No identifying or contact information |
|---|--|

Specify the percentage to be granted to this charity.

► **Organization B** %

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

Charity information

| | | | |
|-----------------------------------|-------------|-------------------------|-----|
| Charity legal name | | EIN <i>if available</i> | |
| Street address or P.O. box number | | | |
| City | | State | Zip |
| Preferred phone | Web address | | |

Grant purpose

| |
|---|
| <input type="checkbox"/> General operating expenses |
| <input type="checkbox"/> Other: |

Grant recognition

| | |
|---|--|
| <input type="checkbox"/> Account name only No contact information | <input type="checkbox"/> Anonymous No identifying or contact information |
|---|--|

4 Referral information

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

| |
|--|
| <input type="checkbox"/> Vanguard Charitable |
| <input type="checkbox"/> The Vanguard Group |
| <input type="checkbox"/> Friend or family member Name of your friend/family member: |
| <input type="checkbox"/> Professional advisor Name of the advisor: |
| <input type="checkbox"/> Publication Title of the publication: |
| <input type="checkbox"/> Website or internet search Specific website: |
| <input type="checkbox"/> Event Specific event: |
| <input type="checkbox"/> Other <i>please specify</i> |

Continue
to contribute
to this account ▶

This page was intentionally left blank.



Make a contribution

5 Donor information

Identify all registered owners of the assets being donated.

If you selected **Individual**, do not complete these fields. A current *Corporate/organization standing certification* must be submitted or on file at Vanguard Charitable.

Trust or Organization Individual

| | | |
|---|--|--|
| Name of trust/organization | | |
| Taxpayer Identification Number <i>last 4 digits</i> | Trust agreement date <i>mm-dd-yyyy</i> | |

Check here if the account advisors in **Section 2** are also the owners, trustees, or officers of the assets to be donated, and proceed to **Section 6**.

Owner/Trustee/Officer A

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

| | | | |
|---|---|-----------------|-----|
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Name <i>salutation, first, middle initial, last</i> | | |
| Title at organization | | | |
| Birth date <i>mm-dd-yyyy</i> | Last 4 digits of SSN or PIN | Preferred phone | |
| Street address or P.O. box number | | | |
| City | | State | Zip |
| Email address | | | |

Owner/Trustee/Officer B

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

| | | | |
|---|---|-----------------|-----|
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Name <i>salutation, first, middle initial, last</i> | | |
| Title at organization | | | |
| Birth date <i>mm-dd-yyyy</i> | Last 4 digits of SSN or PIN | Preferred phone | |
| Street address or P.O. box number | | | |
| City | | State | Zip |
| Email address | | | |

6 Contribution type

The minimum initial contribution is \$25,000.

| | |
|--|---|
| If checked, complete Section 6a. | <input type="checkbox"/> Vanguard mutual fund held at The Vanguard Group, Inc. (Vanguard) and/or Vanguard Brokerage Services (VBS) Sign this form to authorize the transfer of Vanguard fund shares. Review section 6 if assets are more than \$2 million. |
| If checked, complete Section 6b. | <input type="checkbox"/> Security held at Vanguard Brokerage Services (other than a Vanguard mutual fund) Sign this form to authorize the transfer of securities held in a VBS account. Review section 6 if assets are more than \$2 million. |
| If checked, complete Section 6c. | <input type="checkbox"/> Vanguard brokerage money market settlement fund Shares of the money market settlement fund will be liquidated and transferred as cash from your Vanguard Brokerage Account. |
| If checked, complete Section 6d. | <input type="checkbox"/> Mutual fund held outside Vanguard or Vanguard Brokerage Services Send a completed <i>Letter of authorization</i> form with a Medallion signature guarantee and an account statement less than 90 days old from your current institution. |
| If checked, complete Section 6d. | <input type="checkbox"/> Security held outside Vanguard Brokerage Services Contact the broker or firm holding your securities and provide transfer instructions. <ul style="list-style-type: none"> • Receiving firm: Vanguard Brokerage Services • Vanguard Charitable brokerage account number: 76580331 • DTC clearing number: 0062 • Further credit to: [Your Vanguard Charitable account number and name] |
| If checked, complete Section 6e. | <input type="checkbox"/> Stock certificate Send a completed <i>Letter of authorization</i> form with a Medallion signature guarantee , and properly endorse the certificate. <ul style="list-style-type: none"> • Write "Vanguard Brokerage Services" between the words "appoint" and "attorney" on the back of each certificate. • Fill in the current date and sign your name exactly as it appears on the front of the certificate. All registered owners must sign in the presence of an authorizing officer. • Obtain a Medallion signature guarantee. |
| If checked, complete Section 6f. | <input type="checkbox"/> Check Make payable to Vanguard Charitable Endowment Program. <input type="checkbox"/> Wire Provide your bank with wiring instructions. <ul style="list-style-type: none"> • Wire to: FRB ABA 011001234 - The Bank of New York Mellon, 225 Liberty St., New York, NY 10286 • For credit to: Account 0724947 - Vanguard Charitable Endowment Program |

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

To specify lots, complete these fields and enter shares below. ▶

| Account number | Fund name | Ticker symbol | Number of shares or "All" |
|----------------|-----------|---------------|---------------------------|
| | | | |
| | | | |
| | | | |

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.

Specific ID cost basis method only

| Account number | Security/fund name | | Ticker symbol |
|----------------|--------------------|----------------------|--------------------------|
| | | | |
| | Number of shares | Date shares acquired | Purchase price 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)

To specify lots, complete these fields and enter shares below. ▶

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

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.

Specific ID cost basis method only

| Account number | Security/fund name | | Ticker symbol |
|----------------|--------------------|----------------------|--------------------------|
| | | | |
| | Number of shares | Date shares acquired | Purchase price per share |
| Lot 1 | | | \$ |
| Lot 2 | | | \$ |
| 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.

6c. Vanguard brokerage money market settlement fund

8-digit Vanguard Brokerage Account number. ▶

| | |
|----------------|---------------------|
| Account number | Dollar amount \$ |
|----------------|---------------------|

6d. Security or mutual fund held outside Vanguard or Vanguard Brokerage Services

Contribution will be processed based on number of shares, not approximate value. ▶

| Security/fund name | Ticker symbol | Number of shares | Approximate value |
|--------------------|---------------|------------------|-------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

6e. Stock certificate

Contribution will be processed based on number of shares, not approximate value. ▶

| Security/fund name | Ticker symbol | Number of shares | Approximate value |
|--------------------|---------------|------------------|-------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

6f. Check or wire

If this is a grant from another charitable organization, enter the name. ▶

| | |
|---------------------|---|
| Dollar amount \$ | Approximate send date <i>mm-dd-yyyy</i> |
| Organization name | |

7 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 <i>salutation, first, middle initial, last</i> |
| 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 Investment Options ▶ | <input type="checkbox"/> Income | % |
| | <input type="checkbox"/> Conservative Growth | % |
| | <input type="checkbox"/> Moderate Growth | % |
| | <input type="checkbox"/> Growth | % |
| Portfolio Builders Investment Options ▶ | <input type="checkbox"/> Money Market | % |
| | <input type="checkbox"/> Short-Term Bond | % |
| | <input type="checkbox"/> Total Bond | % |
| | <input type="checkbox"/> Total International Bond | % |
| | <input type="checkbox"/> Total Equity | % |
| | <input type="checkbox"/> Total U.S. Stock | % |
| | <input type="checkbox"/> Total International Stock | % |
| | <input type="checkbox"/> Balanced Index | % |
| | <input type="checkbox"/> Wellington | % |
| | <input type="checkbox"/> European Stock | % |
| | <input type="checkbox"/> Pacific Stock | % |
| | <input type="checkbox"/> Emerging Markets Stock | % |
| | Value-Driven Investment Options ▶ | <input type="checkbox"/> ESG U.S. Stock |
| <input type="checkbox"/> ESG International Stock | | % |
| <input type="checkbox"/> ESG Global Stock | | % |

Total must equal 100%. ▶

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 X | Date <i>mm-dd-yyyy</i> |
| Signature of owner/trustee/officer B X | Date <i>mm-dd-yyyy</i> |

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.

| |
|--|
| <input type="checkbox"/> 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 <i>if known</i> |

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 guarantee or Medallion signature guarantee.

| | |
|---|-------------------------|
| Signature of authorized officer | Place stamp here |
| Authorized officer's title | |
| Name of institution | |
| Date <i>mm-dd-yyyy</i> | |
| <small>This applies to all signatures in Section 9.</small> | |

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 <i>We recommend encrypting the form and sharing the password with us.</i> |
| 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 |