

Establish a succession plan

Use this form to craft or change a succession plan for your account. A succession plan details what will happen to your account when all current account advisors are unable or unwilling to manage account processes.

If you do not select a succession plan, remaining account assets will be transferred to The Philanthropic Impact Fund.

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	
А	The	Fund

2 Succession plan

Select any combination of succession options and assign a percentage of your account's remaining assets. If a succession plan is not in effect, remaining account assets will be transferred to The Philanthropic Impact Fund.

If checked, complete Section 2a.	Option 1: Pass current account privileges to others. Retain the assets in your account and appoint up to two successor-advisors.	%
	 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 2b.	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 Recommend an Endowed Grant Plan form.	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</i> <i>an Endowed Grant Plan</i> form, which is available at vanguardcharitable.org/forms.	%
	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 %

2a. 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. At least one successoradvisor must be the age of majority at the time the succession plan is enacted.

Successor-advisor A

Gender Name salutation, first, middle initial, last Male Female			
Title if applicable			
Birth date mm-dd-yyyy	Preferred phone		
Street address or P.O. box number			
City		State	Zip
Email address			
Relationship to current account advisors			

Successor-advisor B

Gender Name salutation, first, middle initial, last Male Female				
Title if applicable				
Birth date mm-dd-yyyy		Preferred phone		
Street address or P.O. box number				
City			State	Zip
Email address				
Relationship to current account advisors				

2b. Nonprofit organizations

If you selected **Option 3** as a succession plan, name nonprofit organizations here. To nominate more than two charities, include additional sheets, signed and dated.

Specify the percentage to be granted to this charity.	Organization A	%				
	Charity information	Charity information				
Grants are made payable to charity's legal name, which may differ from its	Charity legal name				EIN if available	
common name.	Street address or P.C	Street address or P.O. box number				
	City			State	Zip	
	Preferred phone	Web address				
	Grant purpose	Grant purpose				
	General opera	ting expenses				
	Other:					
	Grant recognition					
	Account name only Anonymous No contact information No identifying o		or contact information			
	No contact information					
Specify the percentage to be granted to this charity.	• Organization B	%				
Grants are made payable	Charity information					
to charity's legal name, which may differ from its	Charity legal name		EIN if available			
common name.	Street address or P.O. box number					
	City			State	Zip	
	Preferred phone	Web address				
	Grant purpose					
	General operating expenses					
	Other:					
	Grant recognition					
	Account nam	e only	Anonymous			
	No contact inform	mation	No identifying	or contact	information	

3 Required signatures

By signing below, I confirm that the succession plan indicated in **Section 2** represents my wishes for the administration of the account when all current account advisors are no longer willing or able to serve. I understand Vanguard Charitable remains the sole owner of and has full discretion over the account. 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.

In addition, I certify on behalf of all authorized parties on this account that:

- no individual(s) will receive any **impermissible benefit** in connection with a 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 charity sends a receipt.
- a 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.
- a 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.
- a 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 a 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.

	Account advisor A Name first, middle initial, last		
	Signature	Date mm-dd-yyyy	
	X		
All account advisors must sign here.	Account advisor B <i>if applicable</i>	·	
	Name first, middle initial, last		
	Signature	Date mm-dd-yyyy	
	X		

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