

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 & Guidelines.

Contact us with questions

donorservice@vanguardcharitable.org

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 na	me	
The		Fund

Account advisor information

Name a maximum of two advisors to the account. All advisors have ongoing account privileges and access. While some account activities must be initiated and approved by all account advisors, many may be completed by one account advisor. Please see Policies & Guidelines for additional details.

Primary Advisor

Name salutation	, first, middl	e initial, last						
Last 4 digits of	SSN or	PIN		Birth date m	nm-dd-y	VYY		
Preferred phone				Alternate pho	one			
Primary	Mobile	Other		Primary	V	lobile	Other	
Mailing address	or P.O. box r	number	,					
City						State	Zip	
Address type Business	Home	Mailing	Otl	ner				
Email address						r ed cont nail	act method Phone	Mail

Acknowledge you Guidelines.

read and agree to	Signature of new primary account advisor	Date	mm-dd-yyyy	
and conditions in our <i>Policies</i> &	X			
0 ' 1 1'				

Secondary advisor

Name salutation	, first, middle	e initial, last					
Last 4 digits of	SSN or	PIN		Birth date mr	m-dd-yyyy		
Preferred phone				Alternate phor	ne		
Primary	Mobile	Other		Primary	Mobile	Other	
Mailing address	or P.O. box r	number					
City					State	Zip	
Address type							
Business	Home	Mailing	Ot	her			
Email address					Preferred cont	act method	
					Email	Phone	Mail
Relationship to c	urrent accou	ınt advisor A					

Acknowledge you read and agree to abide by the terms and conditions in our Policies & Guidelines.

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

3 Succession plan

Clients may choose one or multiple options to complete your succession plan. Choose what will happen to your account when all advisors are unable or unwilling to manage account processes. If a valid succession plan is not in effect, remaining account assets will be transferred to The Philanthropic Impact Fund.*

	Option 1: Pass current account privileges to others. Retain the assets in your account and appoint up to two successor-advisors. Please note, successor-advisors cannot be listed as a current advisor on the same account.	%
If checked, complete Section 3a.	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 creating multiple new accounts, each with up to two successor-advisors and require more space to provide information, please attach additional pages of section 3a signed and dated by at least one current account advisor. If the account balance is not sufficient to support this option when the succession plan is enacted, successor advisors will be made account advisors on the existing philanthropic account.	%
	Option 3: Recommend final grants to charity.	
If checked, complete Section 3b.	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	Option 4: Establish recurring grants with an Endowed Grant Plan.	
a Recommend an Endowed Grant Plan form.	Recommend recurring grants based on a percentage of the account's balance. This option is not in effect until Vanguard Charitable receives a completed Recommend an Endowed Grant Plan form, which is available at vanguardcharitable.org.	%
	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 %

Form continues on next page 3 of 16

^{*}We highly recommend that each of our Account Advisors undergo an annual review of their Succession Plan. This will ensure that our records remain up-to-date even as your plans continue to evolve. Ultimately, know that it's our goal to ensure that your charitable intentions are met.

3a. Successor-advisors

If you selected Option 1 or 2 as a succession plan, name successor-advisors here. At least one successor-advisor must be the age of majority at the time the succession plan is enacted. Minors may be named as successors, but they cannot assume account privileges until they reach the age of majority. In the interim, a trusted legal guardian can administer account activity. If any successor-advisors are minors please contact us to provide additional information regarding their legal guardians.

Successor-advisors will not receive account privileges until the Succession Plan is enacted or unless they are named an Interested Party on the account.

Successor advisors cannot be current advisors on the same account. If you selected Option 2, intend to create multiple accounts with Successor Advisors, and need more space to provide information, please attach additional pages. If the account balance is not sufficient to support this option when the succession plan is enacted, successor advisors will be made account advisors on the existing philanthropic account. All fields are required unless otherwise noted.

Successor-advisor A

itle if applicabl	le e				
irth date mm-	dd-yyyy		Preferred phone	e	
			Primary	Mobile	Other
treet address o	r P.O. box nun	nber	<u>'</u>		
ity				State	Zip
ddress type Business	Home	Mailing	Other		
mail address					
elationship to o	current accour	nt advisors			
uccessor-advi	sor B				
ame salutatio	n, first, middle	initial, last			
itle if applicab	le				
irth date mm-	-dd-yyyy		Preferred phone	e	
			Primary	Mobile	Other
treet address o	or P.O. box nur	nber			
ity				State	Zip
		Mailing	Other		
ddress type Business	Home	ivialilig			
Address type Business Email address	Home	Iviaiiiig			

Form continues on next page 4 of 16

3b. Nonprofit organizations

Account name only

No contact information

If you selected Option 3 as a succession plan, name the nonprofit organizations here. To nominate more than two charities, include additional sheets signed and dated by at least one account advisor. The total percentage for all organizations listed in this section must equal 100%.

Fractional percentages out to two decimal places are acceptable, example - 1.25%

Specify the percentage to be granted to this charity.

Grants are made payable to charity's legal name, which may differ from its common name. Please ensure that your selection

is an eligible charity.

Organization A	%		
Charity information			
Charity legal name			EIN if available
Street address or P.C). box number		
City		State	Zip
Charity contact			
Primary contact if a	vailable first and last name		
Primary contact title			
Preferred phone	Email address		
Grant purpose			
General opera	ting expenses		
Unrestricted g	ift		
Other:			
Grant recognition			

Anonymous

No identifying or contact information

Specify the percentage to be granted to this charity.	Organization B	%		
	Charity information			
to charity's legal name, which may differ from its common name. Please	Charity legal name			EIN if available
ensure that your selection is an eligible charity.	Street address or P.O.	box number		
	City		State	Zip
	Charity contact			
Enter the name of an individual at the charity who can	Primary contact first	and last name		
answer questions about the grant.	Primary contact title			
	Preferred phone	Email address		
	Grant purpose			
	General opera	ting expenses		
	Unrestricted g	ift		
	Other:			
	Grant recognition			
	Account name	-	Anonymous	
	No contact inform	nation	No identifying or contact	t information

4 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 will choose an alternative organization that most closely resembles the original charity.

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

5 Referral information

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

We	b advertisement
Var	nguard Charitable website
Var	nguard Charitable email
Var	nguard Charitable representative
Var	nguard representative
Var	nguard website
	nfessional advisor me of the advisor:
	mily member me of your family member:
	end me of your friend:
	bsite other than Vanguard Charitable or Vanguard ecific website:
Eve Spe	ent ecific event:
	wspaper/magazine article e of the publication:
Oth	ner please specify

Continue to contribute to this account >

This page was intentionally left blank.



Make a contribution

Use this form to make an initial contribution to your philanthropic account. Contributions are irrevocable upon acceptance by Vanguard Charitable.

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

For more information, refer to our Policies & Guidelines.

Did you know, you can contribute to your philanthropic account online? Visit vanguardcharitable.org and click Login.

6 Contribution type

Minimum initial contribution is \$25,000. Additional contributions must be a minimum of \$5,000.

Assets held at Vanguard	Complete Section 6a vill initiate the transfer from Vanquard.
Completing this paper work v	viii illitiate the transfer from vanguard.
Vanguard brokerage mo	oney market settlement fund Complete Section 6b
Completing this paperwork v	vill initiate the transfer from Vanguard.
Assets held outside Van	guard or Vanguard Brokerage Services Complete Section 6c
	guard or Vanguard Brokerage Services Complete Section 6c
	guard or Vanguard Brokerage Services Complete Section 6c tinitiate transfer. See page 14 for delivery and funding instructions.
Completing this form will no	t initiate transfer. See page 14 for delivery and funding instructions.
	t initiate transfer. See page 14 for delivery and funding instructions.
Completing this form will not Physical stock certificate	t initiate transfer. See page 14 for delivery and funding instructions. Complete Section 6d
Completing this form will no	t initiate transfer. See page 14 for delivery and funding instructions. Complete Section 6d

6a. Assets held at Vanguard

Use this section to contribute: Vanguard mutual funds held at Vanguard or Vanguard Brokerage Services Stocks, bonds, ETFs, non-Vanguard mutual funds held at Vanguard Brokerage Services. Contributions will be processed based on number of shares, not approximate value.

Account number	Fund or security name	Ticker symbol	Number of shares or "All"	Approximate value

Specific ID cost basis method only (optional)

Use this section to specify lots. For additional lots, attach extra paper signed and dated by all registered owners. These pages should include the following: account number, fund name, and date shares acquired.

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. Vanguard brokerage money market settlement fund

Vanguard Brokerage Account number	8 digits	Dollar amount
		\$

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

Use this section to contribute assets held outside of Vanguard. Contributions will be processed based on number of shares, not approximate value. Please use funding instructions on Page 14 to initiate transfer of assets. Please contact your sending firm in advance to relay the preferred cost basis.

Name of Brokerage Firm	Brokerage Account number

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

6d. Physical stock certificate

Use this section to contribute assets held outside of Vanguard. Contributions will be processed based on number of shares, not approximate value. Please use funding instructions on Page 14 to initiate transfer of assets.

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

6e. Cash gift

Vanguard Charitable will update this form to match assets as received. Please see pages 14 & 15 for instructions on completing the transfer of assets.

Check	Wire	ACH/EBT	-	
Dollar amount			Approximate send date	mm-dd-yyyy

7 Donor information

Identify all registered owners of the asset(s) being donated. Names included in Sections 7a and 7b must match the signatures on page 13. Vanguard Charitable will send a tax substantiation letter to the donor(s) at the address provided below, if applicable. For more information, view our Policies & Guidelines. If you are contributing from a trust, corporation, or other organization, a current Corporate/Organization Standing Certificate must be on file for all gifts over \$10 million.

Individual,	Joint	or	Trust.	Organi	zation.	Corr	oration
marviada,	OOIIIC	01	11401,	O i gai ii	20001,	0017	oration

If you selected individual, Joint, you do not need to complete these fields.

Name of trust/organization	
Taxpayer Identification Number	last 4 digits

7a. Primary Donor/Trustee/Owner

Please complete these fields for all selections above. Vanguard Charitable will send a tax substantiation letter to this address.

Name salutation	, first, middle	e initial, last			
Last 4 digits of	SSN or	PIN	Birth date	e mm-dd-yyyy	
Mailing address	or P.O. box n	umber			
City				State	Zip
Address type Business	Home	Mailing	Other		
Email address			Preferred phon	ie	

7b. Joint Donor/Trustee/Owner

Please complete
these fields for all
selections above.
Vanguard Charitable
will send a tax
substantiation letter
to this address.

Name salutation	n, first, middle	e initial, last			
Last 4 digits of	SSN or	PIN	Birth dat	e mm-dd-yyyy	
Mailing address	or P.O. box r	number			
City				State	Zip
Address type Business	Home	Mailing	Other		
Email address			Preferred phor	ne	

8 Related donors

IRS guidelines require Vanguard Charitable to track 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 salutation, first, middle initial, last	
Relationship to donor	

Investment options

Contribution proceeds may be invested in any combination of the investment options listed below. Information on

Portfolio Solutions investment options	Income	%
investment options	Conservative Growth	%
	Moderate Growth	%
	Growth	%
	Wellington	%
	Balanced Index	%
Portfolio Builders investment options	Money Market	%
investment options	Total Bond	%
	Total International Bond	%
	Total International Stock	%
	Total Equity	%
	Total U.S. Stock	%
	Pacific Stock	%
	European Stock	%
	Emerging Markets	%
	S&P 500	%
	Short-Term TIPS	%
	Extended Market	%
	Large-Cap Value	%
	Large-Cap Growth	%
	Real Estate	%
	Short-Term Bond	%
	High-Yield Corporate	%
	Dividend Growth	%
	Explorer	%
	Commodities Strategy	%
	Ultra-Short-Term Bond	%
	Core Bond	%
	Windsor II	%
	U.S. Growth	%
	International Core Stock	%
Value-Driven investment options	ESG U.S. Stock	%
	ESG International Stock	%
	ESG Global Stock	%
	Global Positive Impact	%

Total must	
equal 100%.	

10 Authentication for assets transferred from Vanguard

Additional authentication is required if you are contributing assets valued over \$2 million at Vanguard. Authentication for these assets must be completed using one of the following:

10a. Vanguard voice verification™

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 if known

10b. Signature guarantee or Medallion signature guarantee

All registered owners must be present for the Signature guarantee or Medallion signature guarantee. 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 mm-dd-yyyy	
П		This applies to all signatures in Section 10.

11 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 & Guidelines*, 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 of owner/trustee/officer A	Date	mm-dd-yyyy
X		
Signature of owner/trustee/officer B	Date	mm-dd-yyyy
Y		,,,,

12 Instructions for transferring assets

Assets held outside Vanguard or Vanguard Brokerage Services

• 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]

Please ensure you have relayed your preferred cost basis when providing delivery instructions.

If you are contributing a mutual fund held outside Vanguard or Vanguard Brokerage Services, and the holding firm cannot initiate the transfer, send a completed **Letter of authorization** form with a Medallion signature guarantee and an official account statement less than 90 days old from your current institution.

Physical stock certificate

Send a completed Letter of authorization form with a Medallion signature guarantee, and properly endorse the certificate.

- · 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.

Cash gift

Contribution by Check

To complete your contribution by check to Vanguard Charitable, please enclose this form with your check and mail to the following addresses listed below, as applicable.

Please make your check out to Vanguard Charitable Endowment Program.

By U.S. mail: By registered, certified, or overnight mail:

Vanguard Charitable
P.O. BOX 9509

Warwick, RI 02889-9509

Vanguard Charitable
2670 Warwick Avenue
Warwick, RI 02889-9509

Warwick, RI 02889-9509

Contribution by Wire

Contribution by wire, provide your bank with wiring instructions.

- 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
- Make payable to Vanguard Charitable Endowment Program.

Contribution by Electronic BankTransfer (ACH/EBT)

To complete your contribution by EBT to Vanguard Charitable, you must both inform Vanguard Charitable of your intended donation and instruct your bank to send Vanguard Charitable the donation.

Note: Each bank has a different process and timeframe for processing EBT contributions. We recommend you confirm with your bank that the transaction has been completed.

- 1. Login to your bank's website.
- 2. Initiate an Electronic Bank Transfer, which is often achieved using the "Bill Pay" functionality on a bank's secure website. (EBTs are processed through the Automated Clearing House network). If this option is not available, please contact your bank for assistance.
- 3. Search the "biller," "Merchant," or "Remit To" organization for "Vanguard Charitable Endowment Program." If you cannot find the name on your list of approved recipients, enter the following information:

Vanguard Charitable P.O. BOX 9509

Warwick, RI 02889-9509 Phone: 888-383-4483

- **4.** Specify the amount of your donation and—if available—the effective date you would like the contribution to be processed.
- **5.** Add your vanguard Charitable account number and name to the "memo," "notes," or "additional information" field of you EBT transfer request.

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.

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