



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. Minor updates may be made by emailing donorservice@vanguardcharitable.org. Minor updates include changing the designated percentage for a charity, adding or removing a charity, updating the grant purpose, or changing the grant recognition.

If you require extra space, include additional sheets. Please do not staple. For more information, refer to our *Policies & Guidelines* booklet.

Contact us with questions or special requests

donorservice@vanguardcharitable.org

1 Account information

This form is in relation to A current account New account to be established after my lifetime

| | | |
|----------------|--------------|------|
| 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 investment options or choose new investment options when the plan is enacted |
| For accounts that will be created, invest deferred contributions as allocated below |

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. Information on our current investment options and performance is available at vanguardcharitable.org/investments.

Portfolio Solutions investment options ▶

Portfolio Builders investment options ▶

Value-Driven investment options ▶

| | |
|---------------------------|---|
| Income | % |
| Conservative Growth | % |
| Moderate Growth | % |
| Growth | % |
| Wellington | % |
| Balanced Index | % |
| Money Market | % |
| 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 | % |
| ESG U.S. Stock | % |
| ESG International Stock | % |
| ESG Global Stock | % |
| Global Positive Impact | % |

Total must equal 100%. ▶

3 Recommend annual grants

Total annual EGP distribution must meet or exceed 5% of an account’s balance. The minimum grant amount is \$500. If the recommended percentage results in a grant of less than \$500, Vanguard Charitable will still issue a \$500 grant from the account.

To select more than five charities, include additional sheets signed and dated by at least one account advisor.

Fractional percentages are acceptable up to two decimal places, for example: 1.25%.

Nonprofit organization A

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

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.

Timing and amount

| |
|---|
| Annual percentage of account balance |
| Percentage: % |

Charity information

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

Charity contact

| | |
|--|----------------------|
| Primary contact <i>if available first and last name</i> | |
| Primary contact title | |
| Preferred phone | Email address |

Grant purpose

| |
|-----------------------------------|
| General operating expenses |
| Unrestricted Gift |
| Other: |

Grant recognition

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

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. Please ensure that your selection is an eligible charity.

Charity information

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

Charity contact

| | |
|---|---------------|
| Primary contact <i>if available first and last name</i> | |
| Primary contact title | |
| Preferred phone | Email address |

Grant purpose

| |
|----------------------------|
| General operating expenses |
| Unrestricted Gift |
| Other: |

Grant recognition

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

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

Annual percentage of account balance

Percentage: %

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.

Charity information

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

Charity contact

| | |
|---|---------------|
| Primary contact <i>if available first and last name</i> | |
| Primary contact title | |
| Preferred phone | Email address |

Grant purpose

| |
|----------------------------|
| General operating expenses |
| Unrestricted Gift |
| Other: |

Grant recognition

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

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

| | |
|--------------------------------------|---|
| Annual percentage of account balance | |
| Percentage: | % |

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.

Charity information

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

Charity contact

| | |
|---|---------------|
| Primary contact <i>if available first and last name</i> | |
| Primary contact title | |
| Preferred phone | Email address |

Grant purpose

| |
|----------------------------|
| General operating expenses |
| Unrestricted Gift |
| Other: |

Grant recognition

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

Nonprofit organization E

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

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.

Timing and amount

| | |
|---|---|
| Annual percentage of account balance | |
| Percentage: | % |

Charity information

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

Charity contact

| | |
|--|----------------------|
| Primary contact <i>if available first and last name</i> | |
| Primary contact title | |
| Preferred phone | Email address |

Grant purpose

| |
|-----------------------------------|
| General operating expenses |
| Unrestricted Gift |
| Other: |

Grant recognition

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

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. ▶

The minimum EGP term is 5 years. ▶

| |
|--|
| <p>Month in which annual grant will be issued Cannot be November or December due to seasonal transaction volumes. <i>If no month is selected, April will be used as a default.</i></p> <p>Month:</p> |
| <p>Continue granting as long as the account balance can support \$500 grants.</p> |
| <p>Continue granting for a set number of years after the plan is enacted. The remaining funds will be disbursed in the plan's final year. Number of years:</p> |

5 Charity ineligibility

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

| |
|--|
| <p>Option 1: Reallocate grants among other named charities.</p> |
| <p>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.</p> |
| <p>Option 3: Distribute the grant to Vanguard Charitable's Philanthropic Impact Fund.</p> |

6 Activity notification

Nominate one individual to receive statements about granting activity. This individual may also call or email to receive details about the plan. 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.

Please nominate a new individual not currently associated with the account. ▶

| | | | | |
|---|--|---------------|----------------------|-------------------------------------|
| Name <i>salutation, first, middle initial, last</i> | | | | |
| Last 4 digits of | | SSN or | PIN | Birth date <i>mm-dd-yyyy</i> |
| Relationship to current advisors | | | | |
| Street address or P.O. box number | | | | |
| City | | | State | Zip |
| Address type Business Home Mailing Other | | | | |
| Preferred phone | | | Email address | |

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

Yes No

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 & 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 <i>first, middle initial, last</i> | |
| Signature X | Date <i>mm-dd-yyyy</i> |

| | |
|--|---|
| <h3>Return information</h3> <p>Return this form and required documentation to Vanguard Charitable.</p> | <p>Email: donorservice@vanguardcharitable.org <i>We recommend encrypting the form and sharing the password separately.</i></p> <p>Fax: 866-485-9414</p> <p>Mail: P.O. Box 9509 Warwick, RI 02889-9509</p> |
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