



Account information update

Use this form to change the name of your philanthropic account, account advisors, or address.

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 A	Account name The	Fund
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2 New account advisors

A maximum of two advisors may be named to the account. All advisors have ongoing account privileges and access and must together consent to changes to the account succession plan, name, advisors, or interested parties. Account advisors may independently recommend grants and exchanges.

If the current account advisor is unable to act due to incapacity or disability, include a copy of a durable power of attorney. If the current account advisor has died, include a copy of the death certificate.

Change account advisor A FROM:

Name <i>salutation, first, middle initial, last</i>	Last 4 digits of SSN or PIN
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Change account advisor A TO:

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 current account advisor A		

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

Signature of new account advisor A X	Date <i>mm-dd-yyyy</i>
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Change account advisor B FROM: *If applicable*

Name <i>salutation, first, middle initial, last</i>	Last 4 digits of SSN or PIN
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Change or add account advisor B TO:

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 current account advisor B			

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

Signature of new account advisor B X	Date <i>mm-dd-yyyy</i>
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3 New account name

Change account name FROM:

Account name The	Fund
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Change account name TO:

Account name The	Fund
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Do not use the words "trust," "endowment," "fund," or "foundation."

4 Change of address

Enter new address below and indicate if this is a change for Advisor A, Advisor B, or both.

Advisor A Advisor B Both

Street address or P.O. box number		
City	State	Zip

5 Required signatures

By signing below, I authorize Vanguard Charitable to change account advisors, account name, or address as detailed in Section 2, Section 3, and Section 4 above. I acknowledge I have read and agree to abide by the terms and conditions in the *Policies and guidelines* booklet.

Current account advisor A

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

All current account advisors must sign here. ►

Current account advisor B

Name <i>if applicable first, middle initial, last</i>	
Signature X	Date <i>mm-dd-yyyy</i>

Return information

Return this form and required documentation to Vanguard Charitable.

Email: donorservice@vanguardcharitable.org
We recommend encrypting the form and sharing the password separately.

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