



# 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](mailto: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*.

Contact us  
with questions

[donorservice@vanguardcharitable.org](mailto: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.

<input type="checkbox"/> Retain account's current allocation when plan is enacted
<input type="checkbox"/> Reallocate account's investment options or choose new investment options when the plan is enacted
<input type="checkbox"/> 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](http://vanguardcharitable.org/investments).

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

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

##### Timing and amount

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

Annual percentage of account balance

Percentage: %

##### Charity information

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 legal name

EIN *if available*

Street address or P.O. box number

City

State

Zip

Web address

##### Charity contact

Primary contact *if available* first and last name

Primary contact title

Preferred phone

Email address

##### Grant purpose

Area of most need will be used if section left blank.

Area of most need (unrestricted)

##### Custom Purpose

Enter a description of the project in the box below.

##### Grant recognition

Account name only

No contact information

Anonymous

No identifying or contact information

**Nonprofit organization B****Timing and amount**

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

Annual percentage of account balance

Percentage:      %

**Charity information**

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 legal name

EIN *if available*

Street address or P.O. box number

City

State

Zip

Web address

**Charity contact**

Primary contact *if available* *first and last name*

Primary contact title

Preferred phone

Email address

**Grant purpose**

Area of most need will be used if section left blank.

Area of most need (unrestricted)

Custom Purpose

Enter a description of the project in the box below.

**Grant recognition**

Account name only

No contact information

Anonymous

No identifying or contact information

**Nonprofit organization C****Timing and amount**

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

Annual percentage of account balance

Percentage:      %

**Charity information**

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 legal name

EIN *if available*

Street address or P.O. box number

City

State

Zip

Web address

**Charity contact**

Primary contact *if available* *first and last name*

Primary contact title

Preferred phone

Email address

**Grant purpose**

Area of most need will be used if section left blank.

Area of most need (unrestricted)

Custom Purpose

Enter a description of the project in the box below.

**Grant recognition**

Account name only

No contact information

Anonymous

No identifying or contact information

**Nonprofit organization D****Timing and amount**

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

Annual percentage of account balance

Percentage:      %

**Charity information**

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 legal name

EIN *if available*

Street address or P.O. box number

City

State

Zip

Web address

**Charity contact**

Primary contact *if available* *first and last name*

Primary contact title

Preferred phone

Email address

**Grant purpose**

Area of most need will be used if section left blank.

Area of most need (unrestricted)

Custom Purpose

Enter a description of the project in the box below.

**Grant recognition**

Account name only

No contact information

Anonymous

No identifying or contact information

**Nonprofit organization E****Timing and amount**

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

Annual percentage of account balance

Percentage:      %

**Charity information**

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 legal name

EIN *if available*

Street address or P.O. box number

City

State

Zip

Web address

**Charity contact**

Primary contact *if available* *first and last name*

Primary contact title

Preferred phone

Email address

**Grant purpose**

Area of most need will be used if section left blank.

Area of most need (unrestricted)

Custom Purpose

Enter a description of the project in the box below.

**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.

**Month in which annual grant will be issued**

Cannot be November or December due to seasonal transaction volumes. *If no month is selected, April will be used as a default.*

Month: All grants within an EGP must be distributed in the same month.

**Continue granting as long as the account balance can support \$500 grants.**

**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: The minimum EGP term is 5 years.

## 5 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.

## 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** *salutation, first, middle initial, last*

Last 4 digits of    SSN or    PIN

**Birth date** *mm-dd-yyyy*

**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** *first, middle initial, last*

**Signature**

X

**Date** *mm-dd-yyyy*

### 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