



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.

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 or special requests

888-383-4483
donorservice@vanguardcharitable.org

1 Account information

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 when plan is enacted

Investment options

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. ►

<input type="checkbox"/> Gift Preservation	%
<input type="checkbox"/> Conservative Growth	%
<input type="checkbox"/> Moderate Growth	%
<input type="checkbox"/> Growth	%
<input type="checkbox"/> Total Equity	%
<input type="checkbox"/> Money Market	%
<input type="checkbox"/> Short-Term Bond	%
<input type="checkbox"/> Total Bond	%
<input type="checkbox"/> Total U.S. Stock	%
<input type="checkbox"/> Total International Stock	%
<input type="checkbox"/> European Stock	%
<input type="checkbox"/> Pacific Stock	%
<input type="checkbox"/> Emerging Markets Stock	%

Total must equal 100%. ► Total 100 %

3 Recommend annual grants

The minimum grant amount is \$500.

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

Nonprofit organization A

Timing and amount

Annual percentage of account balance	
Percentage:	%
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>	
Month:	

Grants are made payable to charity's legal name, which may differ from its common name.

Charity information

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

Enter the name of an individual at the charity who can answer questions about the grant.

Charity contact

Primary contact <i>first and last name</i>	
Primary contact title	
Preferred phone	Email address

Grant purpose

<input type="checkbox"/> General operating expenses
<input type="checkbox"/> Other:

Grant recognition

<input type="checkbox"/> Account name only No contact information	<input type="checkbox"/> Anonymous No identifying or contact information
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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

<p>Annual percentage of account balance</p> <p>Percentage: %</p>
<p>Month in which annual grant will be issued</p> <p>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>

Grants are made payable to charity's legal name, which may differ from its common name.

Charity information

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

Enter the name of an individual at the charity who can answer questions about the grant.

Charity contact

Primary contact <i>first and last name</i>	
Primary contact title	
Preferred phone	Email address

Grant purpose

<input type="checkbox"/> General operating expenses
<input type="checkbox"/> Other:

Grant recognition

<input type="checkbox"/> Account name only No contact information	<input type="checkbox"/> Anonymous No identifying or contact information
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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

<p>Annual percentage of account balance</p> <p>Percentage: %</p>
<p>Month in which annual grant will be issued</p> <p>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>

Grants are made payable to charity's legal name, which may differ from its common name.

Charity information

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

Enter the name of an individual at the charity who can answer questions about the grant.

Charity contact

Primary contact <i>first and last name</i>	
Primary contact title	
Preferred phone	Email address

Grant purpose

<input type="checkbox"/> General operating expenses
<input type="checkbox"/> Other:

Grant recognition

<input type="checkbox"/> Account name only No contact information	<input type="checkbox"/> Anonymous No identifying or contact information
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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: %
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> Month:

Grants are made payable to charity's legal name, which may differ from its common name.

Charity information

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

Enter the name of an individual at the charity who can answer questions about the grant.

Charity contact

Primary contact <i>first and last name</i>	
Primary contact title	
Preferred phone	Email address

Grant purpose

<input type="checkbox"/> General operating expenses
<input type="checkbox"/> Other:

Grant recognition

<input type="checkbox"/> Account name only No contact information	<input type="checkbox"/> Anonymous No identifying or contact information
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Nonprofit organization E

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

Timing and amount

<p>Annual percentage of account balance</p> <p>Percentage: %</p>
<p>Month in which annual grant will be issued</p> <p>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>

Grants are made payable to charity's legal name, which may differ from its common name.

Charity information

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

Enter the name of an individual at the charity who can answer questions about the grant.

Charity contact

Primary contact <i>first and last name</i>	
Primary contact title	
Preferred phone	Email address

Grant purpose

<input type="checkbox"/> General operating expenses
<input type="checkbox"/> Other:

Grant recognition

<input type="checkbox"/> Account name only No contact information	<input type="checkbox"/> Anonymous No identifying or contact information
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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**.

The minimum EGP term is 5 years. ►

<input type="checkbox"/> Continue granting as long as the account balance can support \$500 grants.
<input type="checkbox"/> Continue granting for a set number of years after the plan is enacted. Vanguard Charitable will contact you about a granting schedule. Number of years:

5 Charity ineligibility

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

<input type="checkbox"/> Option 1: Reallocate grants among other named charities.
<input type="checkbox"/> 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.)
<input type="checkbox"/> Option 3: Distribute the grant to Vanguard Charitable's Philanthropic Impact Fund.

6 Activity notification

Nominate one individual to receive annual statements about granting activity. When the EGP is enacted, this individual will receive a letter explaining the plan, and if permitted, the option to name a successor. This individual will not have authority to act on the account or change the plan.

Name <i>salutation, first, middle initial, last</i>		
Relationship to current advisors		
Street address or P.O. box number		
City	State	Zip
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 and 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 A

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

All account advisors must sign here. ►

Account advisor B *if applicable*

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>	Email: donorservice@vanguardcharitable.org <i>We recommend encrypting the form and sharing the password separately.</i>
	Fax: 866-485-9414
	Mail: P.O. Box 9509 Warwick, RI 02889-9509