

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

1 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 name	
The	Fund

2 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	n, first, middle	e initial, last						
Last 4 digits of	SSN or	PIN		Birth date m	nm-dd-yy	'YY		
Preferred phone				Alternate pho	one			
Primary	Mobile	Other		Primary	Μ	obile	Other	
Mailing address	or P.O. box r	number						
City						State	Zip	
Address type								
Business	Home	Mailing	Ot	her				
Email address					Preferr	ed cont	act method	
					En	nail	Phone	Mail
Signature of new	v primary ac	count advisor				Dat	e mm-dd-yy	УУ

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

Secondary advisor

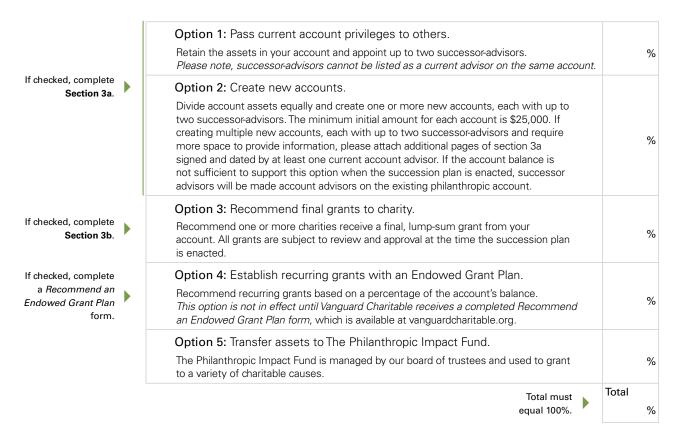
Name salutation,	first, middle	e initial, last						
Last 4 digits of	SSN or	PIN		Birth date m	nm-dd-yy	YY		
Preferred phone				Alternate pho	one			
Primary	Mobile	Other		Primary	Μ	obile	Other	
Mailing address o	or P.O. box r	number						
City						State	Zip	
Address type								
Business	Home	Mailing	Ot	her				
Email address					Preferr	ed conta	act method	
					En	nail	Phone	Mail
Relationship to cu	irrent accou	unt 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.*



*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

Name salutation, first, middle initial, last			
Title if applicable			
Birth date mm-dd-yyyy	Preferred phone		
	Primary	Mobile	Other
Street address or P.O. box number			
City		State	Zip
Address type Business Home Mailing	Other		
Email address			
Relationship to current account advisors			
Successor-advisor B			
Name salutation, first, middle initial, last			
Title if applicable			
Birth date mm-dd-yyyy	Preferred phone		
	Primary	Mobile	Other
Street address or P.O. box number			
City		State	Zip
Address type Business Home Mailing	Other		
Email address			
Relationship to current account advisors			

3b. Nonprofit organizations

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%

Organization A	%							
Charity informati	on							
Charity legal nar	ıe		EIN if availabl					
Street address o	r P.O. box number							
City		S	State Zip					
Charity contact								
	Primary contact if available first and last name							
Primary contact	Primany contact title							
Preferred phone	Email address							
Grant purpose	Grant purpose							
General op	General operating expenses							
Unrestricte	Unrestricted gift							
Other:	Other:							
Grant recognition	1							
Account n		Anonymous						
No contact in	Iformation	No identifying or a	contact information					

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.

VCOA 072523							
Specify the percentage to be granted to this charity.	Organization B	%					
to charity's legal name,	Charity information						
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			te Zip			
	Charity contact			I			
Enter the name of an individual at the	Primary contact first and last name						
charity who can answer questions about the grant.	Primary contact title						
	Preferred phone	Email address					
	Grant purpose						
	General operating expenses						
	Unrestricted gift						
	Other:						
	Grant recognition						
	Account name		Anonymous				
	No contact infor	mation	No identifying or contact 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.

Va	nguard Charitable website
Va	nguard Charitable email
Va	nguard Charitable representative
Va	nguard representative
Va	nguard website
	ofessional advisor ame of the advisor:
	mily member ame of your family member:
	end ame of your friend:
	ebsite other than Vanguard Charitable or Vanguard necific website:
	ent ecific event:
	ewspaper/magazine article le of the publication:
_	her 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 Completing this paperwork will initiate the transfer from Vanguard.

Vanguard brokerage money market settlement fund *Complete Section 6b* Completing this paperwork will initiate the transfer from Vanguard.

Assets held outside Vanguard or Vanguard Brokerage Services Complete Section 6c Completing this form will *not* initiate transfer. See page 14 for delivery and funding instructions.

Physical stock certificate Complete Section 6d

Cash gift Complete Section 6e

Completing this form will not initiate transfer. See pages 14 & 15 for delivery and funding instructions.

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 n	ccount 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

/anguard 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.

		Individua	l, Joint	or Tr	ust, Organization	, Corporatio	on
If you selected individual, Joint,		Name of trust/or	ganization				
you do not need to complete these fields.	Taxpayer Identification Number last 4 digits						
	7a. Primary Donor/Trustee/Owner						
		Name salutation	, first, middl	e initial, last			
		Last 4 digits of	SSN or	PIN	Birth date m	m-dd-yyyy	
Please complete these fields for all selections above.		Mailing address	or P.O. box ı	number			
Vanguard Charitable will send a tax substantiation letter		City				State	Zip
to this address.		Address type Business	Home	Mailing	Other		
		Email address			Preferred phone		
	7 b.	Joint Donor/Tr	ustee/Ow	vner			
		Name salutation	, first, middl	e initial, last			
5		Last 4 digits of	SSN or	PIN	Birth date m	nm-dd-yyyy	
Please complete these fields for all selections above.							
Vanguard Charitable will send a tax substantiation letter		City				State	Zip
to this address.		Address type Business	Home	Mailing	Other		
	Email address			Preferred phone			

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			
Relatio	nship to donor			

9 Investment options

Contribution proceeds may be invested in any combination of the investment options listed below. Information on our current investment options and performance is available at vanguardcharitable.org/investments. If no allocation is selected, Vanguard Charitable will default the allocation of your new account to Conservative Growth.

Portfolio Solutions	Income	%
-	Conservative Growth	%
	Moderate Growth	%
	Growth	%
	Wellington	%
	Balanced Index	%
Portfolio Builders	Short-Term TIPS	%
Index 🕨 🚽	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%.

10 Authentication for assets transferred from Vanguard

Additional authentication is required if you are contributing **assets valued over \$10 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.

Place stamp here
•
This applies to all signatures in Section 10.
officer

A notary public cannot provide a Signature guarantee or Medallion signature guarantee.

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
X		

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	Vanguard Charitable
P.O. BOX 9509	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