



Standing letter of authorization

Contact us
with questions

888-383-4483
donorservice@vanguardcharitable.org

Use this form to give The Vanguard Group, Inc. (Vanguard) and/or Vanguard Brokerage Services (VBS) continuing authority to accept instructions from Vanguard Charitable to transfer assets from a mutual fund and/or a brokerage account. A separate authorization is required for each unique account registration.

Vanguard and VBS reserve the right to refuse to honor any transfer instruction received from Vanguard Charitable without prior notice. Either Vanguard or VBS may, but is not required to, request that you verify and approve any transfer request it receives from Vanguard Charitable pursuant to this authorization, as well as request that you periodically verify this authorization is valid. Vanguard reserves the right to require a new form at any time.

Consult an attorney with questions about this form.

1 Authorization to accept instructions

I authorize Vanguard and/or Vanguard Brokerage Services to accept instructions from an authorized representative of Vanguard Charitable to transfer assets I hold in the Vanguard mutual fund account(s) or VBS account(s) listed in **Section 2** to Vanguard Charitable. I understand that I can have only one *Standing letter of authorization* per registration on file at Vanguard and VBS at a time, and that each authorization I complete and submit to Vanguard and VBS for registration will revoke any previously completed authorization for that registration. This authorization will continue in full force and effect until it is revoked by either account owner in writing, or until it is automatically revoked by the death or legal incapacity of either account owner. Any revocation will not be effective until notice of the revocation, death, or legal incapacitation is received by Vanguard and VBS and Vanguard and VBS have had a reasonable amount of time to act upon such notice. Only one letter is required to revoke authorization for both Vanguard and VBS.

Vanguard Charitable account information

Account number	Account name	
A	The	Fund
Name <i>first, middle initial, last</i>		

2 Accounts covered by this authorization

This authorization covers the Vanguard mutual fund account(s), as well as any successor account numbers assigned as the result of share conversion, fund merger or similar action, and Vanguard brokerage account(s) listed below. A separate *Standing letter of authorization* is required for each unique account registration.

Complete if assets are owned by a trust or organization. ▶

Registered owners of the account

Name of trust/organization	
Taxpayer Identification number <i>last 4 digits</i>	Trust agreement date <i>mm-dd-yyyy</i>
Name of owner/trustee/officer A <i>salutation, first, middle initial, last</i>	
Name of owner/trustee/officer B <i>salutation, first, middle initial, last</i>	

Multiple mutual fund account numbers may be entered if the account registration is the same. If you list a Vanguard mutual fund number with your Vanguard account number (ex: 01-123456789), this *Standing letter of authorization* is only valid for transactions from that specific fund. ▶

Gift from:

Vanguard mutual fund account number(s) and/or Vanguard brokerage account number(s)
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3 Required signatures

I understand that neither Vanguard, nor Vanguard Brokerage Services (VBS), nor any of their affiliates will be under any duty whatsoever to question any transfer instructions received from a representative of Vanguard Charitable or to question the suitability of any transfer instruction received. Nor will Vanguard or VBS be under any duty to review or monitor the terms of any agreement between Vanguard Charitable and me. I confirm that if I am required to execute any other document(s) in order to give Vanguard Charitable the authority described in this *Standing letter of authorization*, I have done so.

I understand and agree that it is my responsibility to review and monitor account activity and to promptly notify Vanguard and VBS of any unauthorized activity.

I agree to indemnify and hold Vanguard, VBS, Vanguard Marketing Corporation, their affiliates and each of the investment company members of The Vanguard Group, Inc., and their respective officers, employees, and agents harmless from acting on instructions, whether oral, written, or electronic, reasonably believed by Vanguard or VBS to have originated from an authorized representative of Vanguard Charitable and who Vanguard or VBS believes is acting pursuant to this authorization.

I agree that Vanguard and VBS will not be liable for processing any transaction initiated before Vanguard or VBS has had a reasonable amount of time to act upon notice of revocation of this authorization or notice of the death or incapacitation of an account owner.

I have read this authorization in its entirety, or had it read and explained to me, and I understand and agree to its contents. By signing below, I certify that I have full authority to give this authorization.

All registered owners/
officers/trustees of the
account must sign.
Do **not** sign until you
are in the presence of
the person guaranteeing
your signature.

Owner A

Name <i>first, middle initial, last</i>		Social Security Number <i>last 4 digits</i>	
Signature X		Date <i>mm-dd-yyyy</i>	

Acknowledgement of signature—Required

On the date noted above, before the undersigned, a notary public, personally appeared the individual named above, satisfactorily proven to be the person whose name is signed to the within instrument, and acknowledged that (s)he executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and official seal.

The notarization must
be dated within
30 days of receipt
of this document by
Vanguard Charitable.

Signature of notary public	Notary seal <i>if state requires a seal</i>
Commission expiration date <i>mm-dd-yyyy</i>	

All registered owners/
officers/trustees of the
account must sign.
Do **not** sign until you
are in the presence of
the person guaranteeing
your signature.

Owner B

Name <i>first, middle initial, last</i>	Social Security Number <i>last 4 digits</i>
Signature X	Date <i>mm-dd-yyyy</i>

Acknowledgement of signature—Required

On the date noted above, before the undersigned, a notary public, personally appeared the individual named above, satisfactorily proven to be the person whose name is signed to the within instrument, and acknowledged that (s)he executed the same for the purpose therein contained.

In witness whereof, I hereunto set my hand and official seal.

The notarization must
be dated within
30 days of receipt
of this document by
Vanguard Charitable.

Signature of notary public	Notary seal <i>if state requires a seal</i>
Commission expiration date <i>mm-dd-yyyy</i>	

<p>Return information</p> <p>Return this form and required documentation to Vanguard Charitable by mail. Original documentation is required.</p>	<p>Mail: P.O. Box 9509 Warwick, RI 02889-9509</p> <p>Registered, certified or overnight mail: 2670 Warwick Avenue Warwick, RI 02889-9509</p>
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