

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 & Guidelines booklet.

Contact us with questions

donorservice@vanguardcharitable.org

1 Account information

Account number	Account name	
Α	The	Fund

2 Identify changes

Add, remove, update, or replace account advisor Complete sections 1, 2, 3, and 5
Enact Succession Plan: update account advisors Please submit completed account information update form along with a copy of a death certificate or power of attorney.
Change account name - This can be completed online Complete sections 1, 2, 4, and 5
Complete sections 1, 2, 4, and 5 Update account advisor address - This can be completed online Complete sections 1, 2, 3, and 5

Additional information				

3 Account advisors

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.

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 name and advisors. Account advisors may independently recommend changes to the account succession plan, interested parties, grants and exchanges. If naming an individual as an account advisor who is currently named on the account's succession plan on file, the succession plan will need to be updated. Account advisors cannot also be successor advisors on the same account.

3a. Account advisor

Replace account advisor

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.

Update current account advisor information

Remove account advisor

Change or update current account advisor FROM:

Name	salutation, first, middle initial, last	Last 4 digits of	SSN or	PIN	

Change or update account advisor TO:

Name salutation,	, first, middle	e initial, last						
Last 4 digits of	SSN or	PIN		Birth date m	ım-dd-yy	YY		
Preferred phone				Alternate pho	ne			
Primary	Mobile	Other		Primary	M	obile	Other	
Mailing address of Business	or P.O. box n	umber Mailing	Ot	her				
City						State	Zip	
Email address					Preferr	ed conta	act method	
					En	nail	Phone	Mail
Relationship to cu	urrent accou	ınt advisor						

By signing this form, you acknowledge that you read and agree to abide by the terms and conditions in our Policies & Guidelines booklet.

Signature of new account advisor

Date mm-dd-yyyy

X

Form continues on next page

3b. Update another account advisor

Add another account advisor

Replace account advisor

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.

Update current account advisor information

Remove account advisor

Change or update account advisor FROM:

Name	salutation, first, middle initial, last	Last 4 digits of	SSN or	PIN

Change or update account advisor TO:

Name salutation	n, first, middl	e initial, last							
Last 4 digits of	SSN or	PIN		Birth date m	nm-dd-y)	////			
Preferred phone				Alternate pho	one				
Primary	Mobile	Other		Primary	M	lobile		Other	
Mailing address Business	or P.O. box i		O+	her					
City	Home	Mailing	Ot	nei		State		Zip	
Email address					Prefer	ed cont	act r	method	
					En	nail	Pł	hone	Mail
Relationship to current account advisor									

By signing this form, you acknowledge that you read and agree to abide by the terms and conditions in our Policies & Guidelines booklet.

4	New	account	name
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If applicable

Change account name FROM:

Signature of new account advisor

Account name	
The	Fund

Change account name TO:

Do not use the words "trust," "endowment,"
"fund," or "foundation."

Account name
The Fund

Date mm-dd-yyyy

5 Required signatures

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

	Current account advisor					
	Name first, middle initial, last					
	Signature	Date mm-dd-yyyy				
	×					
All Account Advisors must sign to add, replace, or remove Account Advisors	Current account advisor					
	Name if applicable first, middle initial, last					
	Signature	Date mm-dd-yyyy				
	X					

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 2670 Warwick Avenue, or overnight mail: Warwick, RI 02889-9509