



# 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 and guidelines* booklet.

Contact us  
with questions

888-383-4483  
donorservice@vanguardcharitable.org

## 1 Account information

Account number	Account name	
A	The	Fund

## 2 Identify changes

<p><b>Change account name</b> Complete sections 1, 2, 4, and 6</p>
<p><b>Update current primary account advisor information</b> Complete sections 1, 2, 3, and 6</p>
<p><b>Replace primary account advisor</b> Complete sections 1, 2, 3, and 6</p>
<p><b>Add or replace secondary account advisor</b> Complete sections 1, 2, 3, and 6</p>
<p><b>Update account advisor address</b> Complete sections 1, 2, 5, and 6</p>
<p><b>Remove account advisor</b> Complete sections 1, 2, 3, and 6</p>

### Additional information

### 3 Account advisors

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.

#### 3a. Primary account advisor

Replace primary 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

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.

Change current primary account advisor FROM:

Name <i>salutation, first, middle initial, last</i>	Last 4 digits of SSN or PIN
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Change primary account advisor TO:

Name <i>salutation, first, middle initial, last</i>	Last 4 digits of SSN or PIN
Gender Male    Female    Other _____	Birth date <i>mm-dd-yyyy</i>
Preferred phone Business    Home    Mobile	Alternate phone Business    Home    Mobile
Mailing address or P.O. box number	
City	State    Zip
Email address	Preferred contact method Email    Phone    Mail
Relationship to current primary account advisor	

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

Signature of new primary account advisor X	Date <i>mm-dd-yyyy</i>
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**3b. Secondary account advisor**

Add secondary 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

Change secondary account advisor **FROM:**

<b>Name</b> <i>salutation, first, middle initial, last</i>	<b>Last 4 digits of</b>	<b>SSN or</b>	<b>PIN</b>
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Change secondary account advisor **TO:**

<b>Name</b> <i>salutation, first, middle initial, last</i>	<b>Last 4 digits of</b>	<b>SSN or</b>	<b>PIN</b>
<b>Gender</b> Male    Female    Other _____	<b>Birth date</b> <i>mm-dd-yyyy</i>		
<b>Preferred phone</b> Business    Home    Mobile	<b>Alternate phone</b> Business    Home    Mobile		
<b>Mailing address or P.O. box number</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Email address</b>	<b>Preferred contact method</b> Email    Phone    Mail		
<b>Relationship to current secondary account advisor</b>			

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

<b>Signature of new secondary account advisor</b> X	<b>Date</b> <i>mm-dd-yyyy</i>
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**4 New account name**

*If applicable*

Change account name **FROM:**

<b>Account name</b> The	<b>Fund</b>
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Change account name **TO:**

<b>Account name</b> The	<b>Fund</b>
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Do not use the words "trust," "endowment," "fund," or "foundation." ▶

## 5 Change address

Enter new address below and indicate if this is a change for primary advisor, secondary advisor, or both.

Primary Advisor      Secondary Advisor      Both

Mailing address or P.O. box number		
City	State	Zip

## 6 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 and guidelines* booklet.

### Current primary account advisor

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

At least one current account advisor must sign. ►

### Current secondary account advisor

Name <i>if applicable 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>	<p><b>Email:</b> <a href="mailto:donorservice@vanguardcharitable.org">donorservice@vanguardcharitable.org</a> <i>We recommend encrypting the form and sharing the password separately.</i></p> <p><b>Fax:</b> 866-485-9414</p> <p><b>Mail:</b> P.O. Box 9509 Warwick, RI 02889-9509</p> <p><b>Registered, certified or overnight mail:</b> 2670 Warwick Avenue, Warwick, RI 02889-9509</p>
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