



# Interested party access

Use this form to authorize a family member, successor-advisor, professional advisor (such as an attorney, financial advisor, or accountant), or other designated party to have access to your philanthropic account.

To authorize additional individuals to access your account, complete a second form.

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 A	Account name The	Fund
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## 2 Access level

	Full	Read-only	Paper statement
Receive paper quarterly statements only.			✓
Receive paper or online quarterly statements depending on delivery preference.	✓	✓	
Request account information such as balance, transaction status, and history.	✓	✓	
View account information and statements online (from date on this form and moving forward).	✓	✓	
Reset individual password online.	✓	✓	
Select a delivery preference (electronic or paper) for communications.	✓	✓	
Edit contact information online.	✓	✓	
Recommend grants and exchanges online, with paper forms (grants), or over the phone (exchanges only).	✓		
Request address changes for account advisors.	✓		
Be designated as the account's primary contact, and view/receive confirmations of contributions, grants, exchanges, and other account activity.	✓		
Request changes to the account name, advisors, or succession plan.	Not available		

Select **one** level of account access for the interested party. ►

- Full access**  
Interested parties with full access are subject to the same policies and guidelines as account advisors. They can only view current account confirmations and statements and will not have access to historical communications.
- Read-only access**  
Interested parties can only view current account confirmations and statements and will not have access to historical communications.
- Paper statement access**  
Individuals will be displayed online as interested parties with "No Access."

### 3 Interested party


<b>Role of interested party</b> <input type="checkbox"/> Professional advisor <input type="checkbox"/> Family member/friend <input type="checkbox"/> Other designated party		
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Name</b> <i>salutation, first, middle initial, last</i>	
<b>Firm/company name</b>		
<b>Birth date</b> <i>mm-dd-yyyy</i>	<b>Last 4 digits of SSN or PIN</b>	
<b>Preferred phone number</b> <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile	<b>Alternate phone number</b> <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Mobile	
<b>Street 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> <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail	
<b>Relationship to account advisors</b> <input type="checkbox"/> Name this person as the primary contact for the account.		

If checked, the interested party must have full account access. ▶

As an authorized user on the account named in **Section 1**, I:

- verify that the information in **Section 3** is complete and accurate,
- understand that I will only be eligible to act on the responsibilities designated in **Section 2**,
- understand Vanguard Charitable is a public charity that offers a donor-advised fund, and all account assets are the property of Vanguard Charitable and not of the account advisors or interested parties, and
- acknowledge I have read and agree to abide by the terms and conditions in the *Policies and guidelines* booklet, including policies for recommending grants.

An interested party receiving full or read-only account access must sign here. ▶

<b>Signature of interested party</b> 	<b>Date</b> <i>mm-dd-yyyy</i>
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## 4 Required signatures

By signing below, I authorize Vanguard Charitable to release information and/or provide access to the account named in **Section 1** to the interested party named in **Section 3**. I acknowledge I have read and agree to abide by the terms and conditions in the *Policies and guidelines* booklet.

### Account advisor A

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

All current account advisors must sign here. ▶

### Account advisor B

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

### Return information

Return this form and required documentation to Vanguard Charitable.

**Email:** [donorservice@vanguardcharitable.org](mailto: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 or overnight mail:** 2670 Warwick Avenue  
 Warwick, RI 02889-2509