

Establish a succession plan

Use this form to craft or change a succession plan for your account. A succession plan details what will happen to your account when all current account advisors are unable or unwilling to manage account processes.

If you do not select a succession plan, remaining account assets will be transferred to The Philanthropic Impact Fund.

If you require extra space, include additional sheets. Please do not staple.

For more information, refer to our Policies & Guidelines.

Contact us with questions

donorservice@vanguardcharitable.org

Please check here if this form is related to a contingency succession plan or if it is paired with an intent to give form.

1 Account information

Account number	Account name	
А	The	Fund

2 Succession plan

Select any combination of succession options and assign a percentage of your account's remaining assets. If a succession plan is not in effect, remaining account assets will be transferred to The Philanthropic Impact Fund.

		Option 1: Pass current account privileges to others.	%
		Retain the assets in your account and appoint up to two successor-advisors.	,,
		Option 2: Create new accounts.	
If checked, complete Section 2a.	•	Divide account assets equally and create one or more new accounts, each with up to two successor-advisors. The minimum initial amount for each account is \$25,000. If creating multiple new accounts, each with up to two successor-advisors and require more space to provide information, please attach additional pages of section 2a signed and dated by at least one current account advisor. 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.	%
		Option 3: Recommend final grants to charity.	
If checked, complete Section 2b.		Recommend one or more charities receive a final, lump-sum grant from your	%
Coolion Ed.		account. All grants are subject to review and approval at the time the succession plan is enacted.	
If checked, complete		Option 4: Establish recurring grants with an Endowed Grant Plan.	
a Recommend an Endowed Grant Plan form.	•	Recommend recurring grants based on a percentage of the account's balance. This option is not in effect until Vanguard Charitable receives a completed <i>Recommend an Endowed Grant Plan</i> form, which is available at vanguardcharitable.org/forms.	%
		Option 5: Transfer assets to The Philanthropic Impact Fund.	
		The Philanthropic Impact Fund (PIF) issues grants that elevate the philanthropic industry. PIF works to help donors make informed granting decisions and educates nonprofits on providing effective and efficient solutions to increase capacity and capability.	%
		Total must equal 100%.	Total 100 %

Form continues on next page 1 of 5

2a. 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 N	∕lobile	Other
Street address or P.O. box number			
City		State	Zip
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	e		
	Primary	Mobile	Other	
Street address or P.O. box number				
City		State	Zip	
Email address				
Relationship to current account advisors				

Form continues on next page 2 of 5

2b. 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%.

Specify the percentage to be
granted to this charity.

Organization A

%

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.

Charity information		
Charity legal name	E	EIN if available
Street address or P.O. box number		
City	State	Zip

Charity contact

Primary contact if availa	able first and last name
Primary contact title	
Preferred phone	Email address

Grant purpose

General operating expenses	
Unrestricted gift	
Other:	

Grant recognition

Account name only	Anonymous
No contact information	No identifying or contact information

Charity ineligibility

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.

Select **one** way grants will be distributed if a named charity no longer exists.

Specify the percentage to be granted to this charity.

Organization B

%

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.

Charity	infor	mation

Charity legal name		EIN if available
Street address or P.O. box number		
City	State	Zip

Charity contact

Primary contact if av	vailable first and last name
Primary contact title	
Preferred phone	Email address

Grant purpose

General operating expenses	
Unrestricted gift	
Other:	

Grant recognition

Account name only	Anonymous
No contact information	No identifying or contact information

Charity ineligibility

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.

Select **one** way grants will be distributed if a named charity no longer exists.

3 Required signatures

By signing below, I confirm that the succession plan indicated in **Section 2** represents my wishes for the administration of the account when all current account advisors are no longer willing or able to serve. I understand Vanguard Charitable remains the sole owner of and has full discretion over the account. I acknowledge that I have read and agree to abide by the terms and conditions set forth in Vanguard Charitable's *Policies and guidelines* booklet.

In addition, I certify on behalf of all authorized parties on this account that:

- no individual(s) will receive any **impermissible benefit** in connection with a grant. This includes, but is not limited to, tickets or admission to events, museums or sporting events, goods at charitable auctions, dues, and tuition. This also includes goods or services that, if rendered or received in exchange for a donation, would reduce the donor's charitable deduction.
- no individual(s) will claim a **charitable deduction** for grants made by Vanguard Charitable, even if the recipient charity sends a receipt.
- a grant will not fulfill a legally binding pledge. A pledge is a promise to make a gift. If you are not sure if you have a legally binding commitment in place, please contact Vanguard Charitable.
- a grant will not support a scholarship where any donor, account advisor, or interested party on this Vanguard Charitable account has a role in selecting the recipient(s) of the scholarship, or where any donor, account advisor, or interested party on the account or anyone related to any such donor, account advisor, or interested party is an eligible recipient. I understand that all grants to support a scholarship are subject to the control and discretion of the recipient organization.
- a grant will not support a specific mission, missionary project, or named missionary who is related to me or any other donor, account advisor, or interested party to this account. I understand that all grants to support a specific mission, missionary project, or named missionary are subject to the control and discretion of the recipient organization.
- if a grant is for a supporting organization, neither I nor any other authorized parties on the account, nor any parties
 related to me, or to any other authorized parties on the account, directly or indirectly control any supported
 organization of the recommended grant recipient.

	Δ	Account advisor						
		Name first, middle initial, last						
An account advisor must sign here.		Signature	Date	mm-dd-yyyy				
		X						

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