

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 interested party to have access to your philanthropic account.

This form may also be used to remove an interested party and change their access level. For an explanation of interested party access levels, please see page 3. Web registered account advisors can complete these changes online.

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

For more information, refer to our Policies & Guidelines.

Contact us with questions

donorservice@vanguardcharitable.org

1 Account information

Account number	Account name	
Α	The	Fund

2 Identify changes

Add new interested party Complete sections 1, 3, and 5
Update current interested party information Complete sections 1, 3, and 5
Change current interested party access level Complete sections 1, 3, and 5
Remove interested party Complete sections 1, and 4 or 5

3 Add or Update interested party

Role of interested party						
Professional advisor	Family member/fr	iend	Other			
Access level Only one Primary	Contact can be on ar	account.	See section	6 for des	cription	
Primary Contact	Full access		Read-only	+ Exchar	nge	
Read-only	Paper statement					
Name salutation, first, middle	initial, last					
Last 4 digits of SSN or	PIN	Birth date	mm-dd-yy	TYY		
Preferred phone		Alternate	phone			
Primary Mobile Oth	ner	Prima	ry Mobile	Oth	er	
Address or P.O. box number						
City				State	Zip	
Business Home	Mailing Otl	her				
Email address			Preferr	ed contac	t method	
			Em	nail	Phone	Mail
Relationship to account adviso	or(s)					

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 & guidelines* booklet, including policies for recommending grants.

Interested party being
added to the account
must sign here.

Signature of interested party	Date mm-dd-yyyy
X	

4 Remove interested party

Interested parties removing themselves from an account must sign here.

Name salutation, first, middle initial, last	Last 4	l digits of	SSN or	PIN
Signature of interested party	Date	mm-dd-yyyy		
X				

Form continues on next page 2 of 3

5 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**. If an individual is named in **Section 4**, I authorize Vanguard Charitable to remove them from the account named in **Section 1**. *Only one signature needed*.

Account Advisor or Primary Contact

Signature	Date mm-dd-yyyy
X	

6 Access level overview

	Primary Contact	Full	Read-only + Exchanges	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	✓	✓	✓	✓	
Reset individual password online	✓	✓	✓	✓	
Select a delivery preference (electronic or paper) for communications	✓	✓	✓	✓	
Edit personal contact information online	✓	✓	✓	✓	
Recommend exchanges online or over the phone	✓	✓	✓		
Recommend grants online or with paper form	✓	✓			
Request address changes for account advisors	✓	✓			
View/receive confirmations of contributions, grants, exchanges and other account activity.	√	✓			
Request changes to the account name, advisors, or succession plan	n/a	n/a	n/a	n/a	n/a
Link their own Vanguard and Vanguard Charitable accounts	✓	✓	✓	✓	
Name interested parties to access account	✓				
Permission to share account information to authorized 3rd parties	✓				

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

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