



## Request to Add Additional Donor or Change Successor Form

Please use this form to request changes to your donor-advised fund.

### 1. Current Fund Name and Number

\_\_\_\_\_

Fund Name

\_\_\_\_\_

Number

### 2. Donor requesting change (information provided will not be used to update your donor account)

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Alternate Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

### 3. Change or Add Fund Donor(s)

*Update current information*

*Add Name as additional fund donor*

Please remember all fund donors have full and equal privileges to recommend grants, recommend investment portfolios and alter succession plans and name additional fund donors.

Title \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Legal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Alternate Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_

**4. Change Fund Name**

Unless you request anonymity when you recommend grants, the fund name will appear on all correspondence to organizations that receive grants from your donor-advised fund.

\_\_\_\_\_  
New Fund Name

Please remember that for legal reasons the words "trust," "endowment," and "foundation" may not appear in the name of the donor-advised fund.

**5. Change Successor(s) and/or Beneficiary(ies)**

Fund donors may name individual and/or charitable organizations to serve as successor-advisors to receive all or part of the fund balance. Total successor allocations must total 100 percent and any fund without a named successor or charitable beneficiary will be redeemed by the Board of Directors of The Advise Us Fund for one of its charitable initiatives.

**Name an Individual successor-advisor (attach additional sheets if more than one)**

Remove       Add

First Name \_\_\_\_\_ Percent of Fund \_\_\_\_\_  
Middle Name \_\_\_\_\_ %  
Last Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_  
Relationship to Primary Account Holder \_\_\_\_\_  
Legal Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Name a Charitable Organization (attach additional sheets if more than one)**

Remove       Add

Organization Name \_\_\_\_\_ Percent of Fund \_\_\_\_\_  
Federal Taxpayer ID \_\_\_\_\_ %  
Phone \_\_\_\_\_  
Legal Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

