

Donor-Advised Fund Request of Change Form

Request to Add Additional Donor(s), Change Successor(s) or Change the Fund Name
Please complete this form to request changes to your donor-advised fund.

Current Fund Name Fund Number Donor Requesting Change Title & Full Legal Name **Daytime Phone Email** □ Change or Add Fund Donors - check all that apply □ Update Current Information □ Add New Fund Donor* * Please remember all fund donors have full and equal privileges to recommend grants, recommend investment portfolios, alter succession plans and name additional fund donors. **Updated or New Donor** Title & Full Legal Name **Email** Social Security Number **Home Phone** Other Phone Legal Address City State Zip Code **Mailing Address** State Zip Code City □ Change Successor(s) and/or Beneficiary(ies) Fund donors may name individuals and/or charitable organizations and/or charitable initiatives of The Advise Us Fund® to serve as successoradvisors/ beneficiaries to receive all or part of the fund balance. Successor allocations (% of Fund) must total 100 percent. Any fund without a named successor-advisor or beneficiary will be redeemed by the Board of Directors of The Advise Us Fund for its charitable initiatives. Add or Remove or Change an Individual Successor-Advisor # 1 □ Change Percentage \square Add □ Remove Title & Full Legal Name **Social Security Number Email** % of Fund Date of Birth Relationship to Primary Account Holder Legal Address City State Zip Code Add or Remove or Change an Individual Successor-Advisor # 2 (attach additional sheets with required information as necessary) Title & Full Legal Name \square Add □ Change Percentage □ Remove Social Security Number Email % of Fund Date of Birth Relationship to Primary Account Holder Legal Address Zip Code City State Add or Remove or Change a Charitable Organization* #1 □ Change Percentage □ Add □ Remove **Organization Name** % of Fund Federal Taxpayer ID Phone Legal Address Zip Code City State * All charitable beneficiary recommendations are reviewed to ensure they meet federal charitable standards at the time of distribution.

Add or Remove or Change a Charitable Organization* # 2 (attach additional sheets with required information as necessary)														
□ Add	□ R	emove	□ Ch	ange Percentage	Orgai	nization Name								
Federal Taxpayer ID							Phone					% of Fund		
Legal Address														
City										Code	Code			
* All charitable beneficiary recommendations are reviewed to ensure they meet federal charitable standards at the time of distribution.														
Add or Re	Add or Remove or Change the Percentage of one or more Charitable Initiatives from The Advise Us Fund													
□ Add □ Remove			□ Change Percent	Programming support for grass			roots charities		% of Fund					
□ Add	□ Remove		ove	□ Change Percent	Consultative support for grass			roots charities		% of Fund				
□ Add		□ Remove		□ Change Percentage		The Advise Us Fund's Continui			ity Fund*		% of Fund			
□ Add		□ Remove		□ Change Percentage		The Advise Us Fund's Founder			Fund**	% of Fund				
* Annual o	* Annual grants made by the Board of Directors.													
** Annual grants made by the Board of Directors specifically supporting philanthropic innovation and research.														
□ 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. Please remember that for legal reasons the words "trust," "endowment," and "foundation" may not appear in the name of the donor-advised fund.														
New Fund	l Nan	пе												
Signatu	re S	ection f	or Do	onor Requesting	Chang	je(s) (man	datory) ar	nd New o	r Updated	Don	or (if a	pplica	able)	
I hereby certify that to the best of my knowledge, all the information provided in this Request of Change form is accurate, and I will notify The Advise Us Fund in writing of any errors or changes. Further, I confirm that I have read the current policy and guidelines and agree to all terms outlined and conditions therein. I certify that I have full authority to request this change. PLEASE NOTE: ALL CHANGES WILL BE VERIFIED FOR ACCURACY AND SECURITY PURPOSES – YOU MAY RECEIVE MULTIPLE COMMUNICATIONS TO VERIFY THIS INFORMATION.														
Donor Re	ques	sting Cha	ange(s	i) Title & Full Le	Title & Full Legal Name									
Signature									Date					
New or Updated Donor				Title & Full Le	Title & Full Legal Name									
Signature														

The Advise Us Fund | 715 Lake Street, Suite 418 | Oak Park, IL 60301 | 708.800.8474 | www.AdviseUs.org