

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 Numb	er			
Donor Requesting Change	Title & Full Legal N	lame								
Daytime Phone				E	mail					
□ Change or Add Fund Donors – check all that apply □ U			date Cu	rrent Information			Donor*			
* Please remember all fund de succession plans and name a	onors have full and equal privileges to recommend grants, recom					recommend i	mmend investment portfolios, alter			
Updated or New Donor	Title & Full Legal Name									
Email										
Home Phone		Otł	ther Phone							
Legal Address										
City				State	State		Zip	Zip Code		
Mailing Address										
City				State			Zip	Zip Code		
□ Change Successor(s) and/or Beneficiary(ies)										
Fund donors may name individuals and/or charitable organizations and/or charitable initiatives of the Advise Us Foundation to serve as successo advisors/ 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 Foundation for its charitable initiatives.										
Add or Remove or Change ar		sor-Adv	isor # 1							
	hange Percentage	Title &	Full Lega	Name						
Email								% of Fund		
Date of Birth		Relati	onship to	Primary	Accoun	t Holder				
Legal Address										
City				State			Zip	Zip Code		
Add or Remove or Change an					ditional s	heets with re	quired in	formatio	n as n	ecessary)
	hange Percentage	Title &	Full Lega	Name						
Email								% of F	und	
Date of Birth		Relati	onship to	Primary	Accoun	t Holder				
Legal Address				_						
City				State			Zip	Zip Code		
Add or Remove or Change a Charitable Organization* # 1										
	nange Percentage Organization Na							% of Fund		
Federal Taxpayer ID				Phone				% Of H	und	
Legal Address				State			7:	Code		
City				State	foderal	aboritable at-		Code	م ام ا	hibutica
* 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	Remove	🗆 Ch	hange Percentage Organization Name										
Federal Taxpayer ID						Phone					% of Fund		
Legal Address													
City						State			Zip Co	de			
* All charitable beneficiary recommendations are reviewed to ensure they meet federal charitable standards at the time of distribution.									stribution.				
Add or Remove or Change the Percentage of one or more Charitable Initiatives from the Advise Us Foundation													
□ Add	🗆 Remo	ve	Change Percentage Programn			ming support for grass roots charities				% of Fund			
□ Add	🗆 Remo	ve	Change Percentage Consulta		Consultati	ative support for grass roots charities				% of Fund			
□ Add	🗆 Remo	ve	Change Percentage Advis		Advise Us	ise Us Foundation's Continuity Fund*				% of Fund			
□ Add	🗆 Remo	ve	Change Percentage		Advise Us Foundation's Founders Fund**					% of Fund			
* 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 Nar	ne												
Signature Section for Donor Requesting Change(s) (mandatory) and New or Updated Donor (if applicable)									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 Foundation in writing of any errors or changes. Further, I confirm that I have read the current policy and guidelines and agree to all ter 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 Reque	sting Cha	inge(s) Title & Full Le	gal Nam	e								
Signature								Date					
New or Updat	ted Donor	r	Title & Full Le	gal Nam	e								
Signature								Date					

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