

# Update Donor-Advised Account Information

Questions or Need Assistance? Call 800.746.6216



SCHWAB CHARITABLE FUND™

Current Account Number	Current Account Name
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SELECT ALL THAT APPLY *Note: An Account Donor may use this form to update Sections 1–4, while an Account Nominator may use this form to update Section 3 only.*

- Change Account name:** Complete Sections 1 and 5.
- Update Donor or Nominator information:** Complete Sections 2 and 5.
- Recommend Change to Portfolio Allocation:** Complete Sections 3A and 5.
- Recommend an Investment Advisor to manage your Professionally-Managed Account (only available for Accounts with a minimum balance of \$250,000):** Complete Section 3B and 5.
- Select individuals to receive Account correspondence:** Complete Sections 2 and 5.
- Change designated Successor-Advisor(s) or recommended charitable beneficiary(ies) of the Donor-Advised Account:** Complete Sections 4 and 5.

## 1. CHANGE ACCOUNT NAME

*Note: Please use the word “Fund” or “Account”. For legal reasons, we cannot accept names with the words “Foundation” or “Trust”.*

New Account Name (maximum 75 characters)
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## 2. UPDATE DONOR OR NOMINATOR INFORMATION

**Donor Information** (Up to four Donors. If necessary, please make a photocopy and attach.)

- ADD NEW DONOR**    **UPDATE DONOR ADDRESS/PHONE**    **REMOVE DONOR\*** (Only name required)

Mr.    Mrs.    Ms.    Miss    Dr.

Name (First)	(Middle)	(Last)	Social Security Number	Date of Birth (mm/dd/yyyy)
Home/Legal Street Address (no P.O. boxes)			City, State, Zip Code	
Mailing Address (If different from above: P.O. boxes may be used)			Mailing City, State, Zip Code	
Home Telephone Number	Business Telephone Number		Email Address	

- Check here to receive copies of all Grant Award Letters, Contribution Receipts, Quarterly Statements and Annual Summary Letters.
- If you are web enabled you will receive electronic copies of Grant Award Letters and Quarterly Statements. If you prefer to receive paper letters and statements by mail, check here.

**Nominator Information** (Up to two Nominators. If necessary, please make a photocopy and attach.)

- ADD NEW NOMINATOR**    **UPDATE NOMINATOR ADDRESS/PHONE**    **REMOVE NOMINATOR** (Only name required)

Mr.    Mrs.    Ms.    Miss    Dr.

Name (First)	(Middle)	(Last)	Social Security Number	Date of Birth (mm/dd/yyyy)
Company Name (if applicable)			Tax ID Number	
Home/Legal Street Address (no P.O. boxes)			City, State, Zip Code	
Mailing Address (If different from above: P.O. boxes may be used)			Mailing City, State, Zip Code	
Home Telephone Number	Business Telephone Number		Email Address	

**Please check all boxes that apply.**

- A)  For Nominator #1 to receive copies of all Grant Award Letters, Contribution Receipts, Quarterly Statements and Annual Summary Letters.
  - If you are web enabled you will receive electronic copies of Grant Award Letters and Quarterly Statements. If you prefer to receive paper letters and statements by mail, check here.
- B)  Nominator #1 is an investment advisor, CPA or other professional:
  - that I have designated on my Charles Schwab & Co., Inc. account(s). Advisor’s Master Account Number(s): † \_\_\_\_\_
  - that is not designated on my Charles Schwab & Co., Inc. account(s).
- C)  Only link Account to Advisor’s Master Account with no Nominator privileges. Advisor’s Master Account Number(s): † \_\_\_\_\_


\* Note: The Donor must consent to removal by signing this form, except in cases of the Donor’s death or where the Donor has been determined to be disabled.

† Only for advisors working with Charles Schwab Advisor Services™.

3. RECOMMEND INVESTMENTS

Recommend a portfolio allocation (*option A*), OR recommend a participating investment advisor for active portfolio management (*option B*).

**A. Standard Donor-Advised Account (Investment Pools)**

<p>Please read the <i>Investment Options and Pricing and Account Minimums</i> information online at <a href="http://www.schwabcharitable.org">www.schwabcharitable.org</a> before recommending a portfolio allocation.</p> <p> If you would like help go to <a href="http://www.schwabcharitable.org/investment-allocation-survey">www.schwabcharitable.org/investment-allocation-survey</a> to complete our quick questionnaire or view a list of suggested investment allocation strategies.</p> <p>Note: Administrative Fees are charged directly to the investment pools each quarter. Go to <a href="http://www.schwabcharitable.org">www.schwabcharitable.org</a> for an updated fee schedule.</p>	<p><b>INDIVIDUAL INVESTMENT POOLS</b></p> <p>Money Market Pool _____</p> <p>Income Pool _____</p> <p>Treasury Inflation Protected Securities (TIPS) Pool _____</p> <p>Large Cap Equity Index Pool _____</p> <p>Large Cap Equity Managed Pool _____</p> <p>Socially Responsible Pool _____</p> <p>Small Cap Equity Pool _____</p> <p>International Equity Index Pool _____</p> <p>International Equity Managed Pool _____</p>	<p><b>% OF TOTAL</b> (whole numbers only)</p>
	<p><b>ASSET ALLOCATION POOLS</b></p> <p>Conservative Pool _____</p> <p>Balanced Pool _____</p> <p>Growth Pool _____</p>	
		<p>Total Must Equal 100%</p>

OR:

**B. Professionally-Managed Account**

This feature is available only through investment advisors working with *Charles Schwab Advisor Services™*, a division of Charles Schwab & Co., Inc. While Donors recommend an Advisor, the Fund retains Advisors at its discretion. All Advisors are subject to oversight by the Fund, must meet certain eligibility requirements and adhere to the Fund’s fee and investment guidelines.

**Recommend an Investment Advisor for your Account**

*Important: Minimum balance of \$250,000 required*

Advisory Firm Name	Contact Person	Direct Phone Line
Federal Tax ID Number (if known)	Master Account Number	
Mailing Address	City, State, Zip Code	
Telephone Number	Email Address	

**Note:** For Professionally-Managed Accounts, a Money Market Fund will be added so that money set aside for near-term granting will be invested but is available to be promptly liquidated for granting.

**OPTIONAL: Double Give Microfinance Guarantee Program (“the Program”)**

You may recommend that up to 10% of your Donor-Advised Account balance be used to help guarantee microfinance loans in the developing world while it remains invested for potential growth and future granting. For more information, visit our [website](#) or call a Donor Relations Specialist at 800-746-6216. Please carefully review the [Program Description](#) before enrolling.

- Yes, I would like to participate and certify that I have read and agree with the terms of the Program as provided in Section 5B of this form. Enter the desired amount of your recommended participation commitment (not to exceed 10% of your Account balance): \$\_\_\_\_\_
- Yes, I am interested and would like to learn more. Please send me additional:     Electronic information     Printed information
- No, I am not interested at this time.

**4. DESIGNATE SUCCESSOR-ADVISOR(S)/BENEFICIARY(IES)**

Donors have the option of (A) naming individuals to succeed them as Donors on the Account, (B) nominating charitable organizations to receive the remaining assets, and/or (C) enrolling in the Charitable Legacy Program upon the death, incapacity, refusal to serve, or other disqualification of ALL Donors of the Account.<sup>§</sup> Please review our Program Policies for more information.

Choose Option A, B, and/or C. If you do not make a selection, the assets in the Account will be transferred to the Philanthropy Fund for disbursement in accordance with its grantmaking policies. This selection can be changed during the lifetime of the Donor(s) via this *Update Donor-Advised Account Information* form.

**Total allocations for this section must add up to 100%. Note that Option C and the allocation total continue on the next page.**

**Option A**

**Name Individual(s) as Successor-Advisor(s)** (up to four, if necessary please make a photocopy and attach)

____%	<b>Successor Donor-Advisor #1</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.		
	Name (First)                      (Middle)                      (Last)	Social Security Number	Date of Birth (mm/dd/yyyy)
	Mailing Address		City, State, Zip Code
	Home Telephone Number	Business Telephone Number	Relationship to Donor
	<b>Successor Donor-Advisor #2</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.		
	Name (First)                      (Middle)                      (Last)	Social Security Number	Date of Birth (mm/dd/yyyy)
	Mailing Address		City, State, Zip Code
	Home Telephone Number	Business Telephone Number	Relationship to Donor
	Select one of the following options to determine how Successor(s) may become Successor Donor-Advisor(s): <input type="checkbox"/> Successor(s) named above succeed(s) to the Account with full privileges as Donor-Advisor(s) <input type="checkbox"/> Successor #1 named above succeeds to the Account with full privileges as Donor-Advisor(s). Successor #2 (and other named Successors as applicable) is a Contingent Successor, and succeeds to the account only upon the death, incapacity, refusal to serve, or other disqualification of Successor #1 (and other named Successors as applicable).		

AND/OR:

**Option B**

**Recommend Charitable Organization(s) as Beneficiary(ies)** (Up to six, if necessary, please make a photocopy and attach)

____%	<b>Beneficiary Charitable Organization #1</b>		
	Organization Name	Federal Tax ID Number (if known)	Telephone Number
	Mailing Address (P.O. box may be used)		City, State, Zip Code
____%	<b>Beneficiary Charitable Organization #2</b>		
	Organization Name	Federal Tax ID Number (if known)	Telephone Number
	Mailing Address (P.O. box may be used)		City, State, Zip Code

**CONTINUE WITH OPTION C ON NEXT PAGE**

<sup>§</sup> All recommendations of charitable beneficiaries and charitable recipients in the Charitable Legacy Program are subject to the approval of the Fund, in its complete discretion, at the time the recommendation would otherwise take effect.

4. DESIGNATE SUCCESSOR-ADVISOR(S)/BENEFICIARY(IES) [CONTINUED]

AND/OR:

**Option C**

**Recommend the Charitable Legacy Program** (up to six recommended beneficiaries, if necessary please make a photocopy and attach).

**Please complete all of the fields below.**

**Account Name:** You may select a New Account name that will go into affect at the time of activation. (For example, donors may wish to name the Account in memory of themselves i.e. "John Smith Memorial Fund").

**Distribution Options:** Please select a Term of years and a Total Annual Distribution\*. (i.e. Selecting a Term of 10 years with a Total Annual Distribution of 8% means that for 10 years, on an annual basis we will calculate 8% of the Account value and use that amount to fund the annual (or semi-annual) grants to the charitable beneficiaries described below).

**Beneficiary Organizations:** Please complete as much information as possible regarding each Charitable Beneficiary. Please select the percent of the Total Annual Distribution that should go to each Charitable Beneficiary. (i.e. If you list two beneficiary organizations, you can recommend that one charity receive 70% and the other charity receive 30% of the Total Annual Distribution).

**The minimum balance to be eligible for the program at the time of activation is \$100,000.**

**For Professionally Managed Accounts, the minimum balance is \$250,000.**

%

New Account Name:

Distribution Options: (Please choose a Term AND a Total Annual Distribution Percentage)

<b>Term:</b> Issue grants for a term of <input type="text"/> years. (minimum of 5 years)	<b>TOTAL Annual Distribution Percentage*:</b> (minimum 5%)	<input type="text"/> %
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**Beneficiary Charitable Organization #1**

Organization Name	Federal Tax ID Number (if known)	Telephone Number
Mailing Address (P.O. box may be used)		City, State, Zip Code
Frequency: <input type="checkbox"/> Semi-Annual (grants will go out in March and September) <input type="checkbox"/> Annual: Select one <input type="checkbox"/> March or <input type="checkbox"/> September		<input type="text"/> % % of Total Annual Distribution for Charitable Organization #1
Acknowledgement: <input type="checkbox"/> Anonymous <input type="checkbox"/> Special Account Name		

**Beneficiary Charitable Organization #2**

Organization Name	Federal Tax ID Number (if known)	Telephone Number
Mailing Address (P.O. box may be used)		City, State, Zip Code
Frequency: <input type="checkbox"/> Semi-Annual (grants will go out in March and September) <input type="checkbox"/> Annual: Select one <input type="checkbox"/> March or <input type="checkbox"/> September		<input type="text"/> % % of Total Annual Distribution for Charitable Organization #2
Acknowledgement: <input type="checkbox"/> Anonymous <input type="checkbox"/> Special Account Name		

%

**Total Succession Plan allocations must total 100%**

§ All recommendations of charitable beneficiaries and charitable recipients in the Charitable Legacy Program are subject to the approval of the Fund, in its complete discretion, at the time the recommendation would otherwise take effect.

\*Account Balances are calculated as of December 31st of the calendar year prior to distribution.

## 5. AGREE TO TERMS

### A. General Terms

I understand that these changes will be subject to all the terms that apply to the Account, in accordance with the Agree to Terms section of my *New Account Application*. Any new Donor or Nominator has read the Program Policies (available at [www.schwabcharitable.org/program-policies](http://www.schwabcharitable.org/program-policies)), and agrees to comply with all Terms and Conditions of the Account and the Program Policies.

If there is more than one Donor on the Account, each Donor has authority, acting individually and without notice to any other Account Donor, to deal with the Fund as fully and completely as if the Donor is the sole account Donor and may make any changes to the Account (except to remove other Account Donors).

### B. Double Give Microfinance Guarantee Program Terms

(For Donors recommending participation in Section 3)

I/we have received and reviewed the Program Description (available at [www.schwabcharitable.org](http://www.schwabcharitable.org)) and understand the objectives of the Program and the manner in which it will be operated.

I/we understand the total commitment of my/our participation in this Program cannot represent more than 10% of the value of my/our Donor-Advised Account with Schwab Charitable Fund (minimum balance of \$5,000 or more). I/we further understand that an additional amount equaling 25% of my/our participation commitment will be restricted from grant making during the commitment period.

I/we understand the commitment period is through May 27, 2014. The commitment period will commence immediately. Upon the expiration of the commitment period, any funds remaining from the recommended commitment that have not been used to satisfy Schwab Charitable's guarantee obligations under the Program will become available for grant recommendations from my/our Donor-Advised Account.

I/we will be able to continue recommending the investment of the recommended participation commitment as permitted under Schwab Charitable's general program guidelines and generate returns for that capital for future grant recommendations; however, I/we understand that Schwab Charitable does not provide any additional return for participating in the Program.

In the event of a capital call (please see the Program Description for a full explanation of what events would result in a capital call) by the Grameen Foundation, Schwab Charitable's partner in this phase of the Guarantee Program, each participating Donor-Advised Account will share proportionally in exposure, which will never exceed the commitment. A capital call will result in an "automatic" transfer or grant from the Donor-Advised Account for an amount equal to the proportionate share of the losses attributable to the recommended participation commitment, either (1) as a grant to the Grameen Foundation, a U.S. Section 501(c)(3) public charity or (2) to otherwise satisfy Schwab Charitable's Guarantee obligations in connection with the Program. In that event those funds would no longer be available for me/us to make grant recommendations to other charities.



## SIGNATURES REQUIRED

*Either a Donor or Nominator must sign below. A Nominator is authorized to sign only if changes have been made to Section 3A and no other sections.*

X

Donor Signature  Nominator Signature

Date

X

Donor Signature  Nominator Signature

Date

## 6. DELIVERY INSTRUCTIONS

When your form is complete, please review it, sign it and send it via mail or overnight delivery to:

Schwab Charitable Fund  
211 Main Street  
San Francisco, CA 94105

OR

Fax to 877.535.3852

In case of fax delivery, **PLEASE RETAIN THE ORIGINAL FOR YOUR FILES.**