

Update Donor-Advised Fund Account Information



Questions or Need Assistance?

Call 800-746-6216 or email ask@schwabcharitable.org

Account Holders may use this form to make changes to their account.

This form may be used by Additional Account Users to update portfolio allocations in Section 6, Recommend Investments.

Account Number

_____ - _____

Account Name

- | | |
|--|---------------------------|
| <input type="checkbox"/> Change Account Name: | Complete Sections 1 and 7 |
| <input type="checkbox"/> Update Account Holder Information: | Complete Sections 2 and 7 |
| <input type="checkbox"/> Update Additional Account User Information: | Complete Sections 3 and 7 |
| <input type="checkbox"/> Change Designated Successor(s) or Recommended Charitable Beneficiary(ies): | Complete Sections 4 and 7 |
| <input type="checkbox"/> Recommend the Schwab Charitable Legacy Program: | Complete Sections 4 and 7 |
| <input type="checkbox"/> Update Investment Advisor Information: | Complete Sections 5 and 7 |
| <input type="checkbox"/> Recommend Change to Portfolio Allocation: | Complete Sections 6 and 7 |

1. Change Account Name

When granting to charity, the donor will have the option to include this Account name in the letter that accompanies the check. Please use the word "Fund" or "Account" in the name (i.e., ABC Family Charitable Fund). We cannot accept Account names with the word "Trust."

Account Name (maximum 75 characters)

2. Update Account Holder Information

New and current Account Holders must sign this form for changes to take effect. Account Holders to be removed must sign this form. Signatures are in Section 6, Agree to Terms.

To add up to six Account Holders, please make copies of this page and include them when you submit this form.

Account Holder Change #1

Add New Account Holder **Update Account Holder Address/Phone/Email** **Remove Account Holder** (name and signature required)

Title	Name (First)	(Middle)	(Last)
	Social Security Number		Date of Birth (mm/dd/yyyy)
	Home Address: Must NOT Contain a P.O. Box		City, State, Zip Code
	Mailing Address if Different from Above		Mailing City, State, Zip Code
	Home Telephone Number		Mobile Telephone Number
	Business Telephone Number		Email Address

The Primary Account Holder will receive electronic copies of grant and contribution correspondence.

Check here if the Primary Account Holder would prefer to receive paper letters and statements.

Employment Status (REQUIRED Please select only one.)

Employed Self-Employed Retired Homemaker Student Not Employed

Employer Name/Business Name

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Business Owner/Self-Employed | <input type="checkbox"/> Information Technology Professional | <input type="checkbox"/> Clerical/Administrative Services |
| <input type="checkbox"/> Executive/Senior Management | <input type="checkbox"/> Other Professional | <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production) |
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Legal Professional | <input type="checkbox"/> Foreign Government Employee (Non-U.S.) | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Accounting Professional | <input type="checkbox"/> Military | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Finance Services/Banking Professional | <input type="checkbox"/> Educator | |
- _____

3. Update Additional Account User Information

To add up to four additional Account Users, please make copies of this page and include them when you submit this form.

Additional Account User Change #1

Please check the appropriate box below for the action you wish to take.

- Add New Additional Account User**
 Update Current Additional Account User Information
 Remove Additional Account User
(Only name required)

Title Name (First) (Middle) (Last)

_____ / _____ / _____

Social Security Number Date of Birth (mm/dd/yyyy)

Home Address: Must NOT Contain a P.O. Box City, State, Zip Code

Mailing Address if Different from Above Mailing City, State, Zip Code

_____ - _____ - _____

Home Telephone Number Business Telephone Number

Email Address

- Check here for this additional Account User to receive paper letters and statements.

Employment Status (REQUIRED Please select only one.)

- Employed
 Self-Employed
 Retired
 Homemaker
 Student
 Not Employed

Employer Name/Business Name

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Business Owner/Self-Employed | <input type="checkbox"/> Information Technology Professional | <input type="checkbox"/> Clerical/Administrative Services |
| <input type="checkbox"/> Executive/Senior Management | <input type="checkbox"/> Other Professional | <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production) |
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Legal Professional | <input type="checkbox"/> Foreign Government Employee (Non-U.S.) | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Accounting Professional | <input type="checkbox"/> Military | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Finance Services/Banking Professional | <input type="checkbox"/> Educator | |
- _____

4. Update Succession Planning Options

Account Holders can choose from four succession planning options upon the death, incapacity, refusal to serve, or other disqualification of all Account Holders on the Account.* Select any combination of the four options listed below and assign a percentage for each option selected. The final amount must total 100%.

If a valid succession plan is not recommended, any remaining assets will be transferred to the Schwab Charitable Philanthropy Fund, Schwab Charitable's unrestricted giving fund. Any changes on this Update form will supersede any earlier succession instructions.

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

Succession Planning Snapshot

Complete Section 4A	Option A: Successors and Contingent Successor	Recommend up to four individual Successors to succeed to the Account as Account Holders and/or choose an individual as a Contingent Successor.
Complete Section 4B	Option B: Beneficiaries and Contingent Beneficiary	Recommend up to six charitable organizations as Beneficiaries and/or choose an organization as a Contingent Beneficiary.
Complete Section 4C	Option C: Schwab Charitable Legacy Program	Recommend Schwab Charitable's Legacy Program to extend your giving beyond your lifetime.
Complete Section 4D	Option D: Schwab Charitable Philanthropy Fund	Schwab Charitable's unrestricted giving fund for sponsoring Account Holder and Investment Advisor education and research and making charitable grants.

4. Update Succession Planning Options Continued

A. Name Individuals as Successors and/or an Individual as Contingent Successor

A new Account will be opened for each designated Successor.

Total % of Account Designated for Successors _____ %

To add up to four Successors, please make copies of this page and include them with the completed application.

Successor #1

_____	_____	_____	_____	_____	_____ %
Title	Name (First)	(Middle)	(Last)		Allocation Percentage
_____ - _____ - _____	_____ / _____ / _____				
Social Security Number			Date of Birth (mm/dd/yyyy)		
_____			_____		
Mailing Address			Mailing City, State, Zip Code		
_____ - _____ - _____	_____				
Telephone Number	<input type="checkbox"/> Home		<input type="checkbox"/> Business		<input type="checkbox"/> Mobile
_____			_____		
Relationship to Account Holder			Email Address		

Successor #2

_____	_____	_____	_____	_____	_____ %
Title	Name (First)	(Middle)	(Last)		Allocation Percentage
_____ - _____ - _____	_____ / _____ / _____				
Social Security Number			Date of Birth (mm/dd/yyyy)		
_____			_____		
Mailing Address			Mailing City, State, Zip Code		
_____ - _____ - _____	_____				
Telephone Number	<input type="checkbox"/> Home		<input type="checkbox"/> Business		<input type="checkbox"/> Mobile
_____			_____		
Relationship to Account Holder			Email Address		

Contingent Successor

A Contingent Successor will succeed to the Account only upon the death, incapacity, refusal to serve or other disqualification of all Successors with full privileges. (Only one Contingent Successor per account.)

_____	_____	_____	_____	_____	_____ %
Title	Name (First)	(Middle)	(Last)		Allocation Percentage
_____ - _____ - _____	_____ / _____ / _____				
Social Security Number			Date of Birth (mm/dd/yyyy)		
_____			_____		
Mailing Address			Mailing City, State, Zip Code		
_____ - _____ - _____	_____				
Telephone Number	<input type="checkbox"/> Home		<input type="checkbox"/> Business		<input type="checkbox"/> Mobile
_____			_____		
Relationship to Account Holder			Email Address		

4. Update Succession Planning Options Continued

B. Name Organizations as Beneficiaries and/or Organization as Contingent Beneficiary

Total % of Account Designated for Beneficiaries	_____ %
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To add up to six Beneficiaries, please make copies of this page and include them with the completed application.

Beneficiary #1

Organization Name	_____ - _____ Tax ID Number (if applicable)	_____ % Allocation Percentage
Address (No P.O. Boxes)	City, State, Zip Code	
Mailing Address if Different from Above	Mailing City, State, Zip Code	
_____ - _____ - _____		
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		

Beneficiary #2

Organization Name	_____ - _____ Tax ID Number (if applicable)	_____ % Allocation Percentage
Address (No P.O. Boxes)	City, State, Zip Code	
Mailing Address if Different from Above	Mailing City, State, Zip Code	
_____ - _____ - _____		
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		

Contingent Beneficiary

If, at the time of death, no named Beneficiaries are eligible grant recipients, the Contingent Beneficiary will become the recipient. The Contingent Beneficiary will also succeed to the account in the event that a recommended Successor or Contingent Successor is unable to fulfill the duties of an Account Holder. (Only one Contingent Beneficiary per account.)

Organization Name	_____ - _____ Tax ID Number (if applicable)	
Address (No P.O. Boxes)	City, State, Zip Code	
Mailing Address if Different from Above	Mailing City, State, Zip Code	
_____ - _____ - _____		
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile		

4. Update Succession Planning Options Continued

C. Recommend the Schwab Charitable Legacy Program

Total % of Account Designated for the Legacy Program	_____ %
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The Schwab Charitable Legacy Program requires a minimum account balance of \$100,000 for Core Accounts and \$250,000 for Professionally Managed Accounts (PMA).

New Account Name

Select a new Account name that will go into effect at the time of activation. Please use the word "Fund" or "Account" in the name (i.e., ABC Family Charitable Fund). We cannot accept Account names with the word "Trust".

Distribution Options:

_____ years	_____ %
TERM: Issue grants for a term of (minimum of 5 years)	TOTAL Annual Distribution Percentage: (minimum 5%)

Beneficiary Charitable Organization #1

To add up to six Beneficiary Charitable Organizations, please make copies of this page and include them with the completed application.

_____	_____ - _____
Organization Name	Federal Tax ID Number (if known)
_____	_____
Mailing Address (No P.O. Boxes)	Mailing City, State, Zip Code
_____ - _____ - _____	_____ %
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile	% of Total Annual Distribution for Charitable Organization #1

Frequency:

- Semi-Annual (grants will go out in March and September)
 Annual: Select one March or September

Acknowledgment:

- Anonymous
 Special Account Name

Beneficiary Charitable Organization #2

_____	_____ - _____
Organization Name	Federal Tax ID Number (if known)
_____	_____
Mailing Address (No P.O. Boxes)	Mailing City, State, Zip Code
_____ - _____ - _____	_____ %
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile	% of Total Annual Distribution for Charitable Organization #2

Frequency:

- Semi-Annual (grants will go out in March and September)
 Annual: Select one March or September

Acknowledgment:

- Anonymous
 Special Account Name

D. Recommend the Schwab Charitable Philanthropy Fund

Total % of Account Designated for the Schwab Charitable Philanthropy Fund	_____ %
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This is Schwab Charitable's unrestricted giving fund for sponsoring Account Holder and Investment Advisor education and research and making charitable grants.

Allocations Total

Allocations for all selected options must total 100%	100%
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5. Update Investment Advisor Information

Investment Advisor Contact Information:

Investment Advisor Firm Name

Master Account Number

Investment Advisor Name (main contact)

Email Address

Phone Number

Schwab Charitable will contact the Investment Advisor listed here with any account questions.

All Investment Advisors Receive the Following Access on schwabadvisorcenter.com (Schwab Advisor Center):

- View-only access of the Account's balances, positions, transactions and profiles on schwabadvisorcenter.com
- Link Account to Investment Advisor's master Account number
- Online access to Account correspondence:
 - Grant Award to Charity Letter*
 - Contribution Letter*
 - Annual Account Summary Letter*

Additional Privileges (Optional)

For additional Investment Advisor privileges, choose one of the following.

- A. Investment Advisor Agent – Access to Schwab Charitable Center (on Schwab Advisor Center):**
- 1 Recommend grants on behalf of the Account Holder(s)
 - 2 Recommend a portfolio allocation among investment pools for Core Accounts. See Section 6 to designate an allocation.
- B: Professional Account Manager for a Professionally Managed Account[†] (minimum Account balance of \$250,000 is required):**
- 1 Provide active management of a customized portfolio
 - 2 Ability to charge a management fee for investment services (capped at 1%)
- (Note: An [Investment Advisory Agreement](#) is required for this option.)
- C: Dual Professional Account Manager and Agent – A1, B1 and B2**
- (Note: In addition to the Investment Advisory Agreement, an [Agency Agreement](#) between the IA and Account Holder is required for this option.)
- Remove Investment Advisor**
- Upon the removal of an advisor, a Professionally Managed Account will revert to a Core Account.

Schwab Charitable will contact the Investment Advisor listed here with any Account questions.

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.

[†] Professionally Managed Accounts are available only through independent investment advisors working with Charles Schwab Advisor Services (formerly Schwab Institutional), a business segment of The Charles Schwab Corporation serving independent investment advisors that includes the custody, trading and support services of Charles Schwab & Co., Inc. While Account Holders may recommend an advisor, Schwab Charitable must approve the recommendation. Investment Advisors must meet certain eligibility requirements and adhere to Schwab Charitable fee and investment guidelines.

6. Recommend Investments

Core Donor-Advised Fund Account (Investment Pools)

If a portfolio allocation is not indicated, Schwab Charitable will allocate 100% of contributions to the Money Market Pool.

Before recommending a portfolio allocation, please visit schwabcharitable.org and review:

- [Investment Options](#)
- [Administrative and Investment Fees](#)
- [Investment Allocation Survey](#)

Administrative fees are charged directly to the investment pools. Refer to the Administrative and Investments Fee link above. You may recommend a change in the portfolio allocation at any time online or by completing the Update Donor-Advised Fund Account Information form on schwabcharitable.org.

Asset Allocation Pools

% of total (whole numbers only)

Conservative Pool	_____ %
Balanced Pool	_____ %
Socially Responsible Balanced Pool [§]	_____ %
Growth Pool	_____ %

Single Asset Class Pools

Index Pools

Income Index Pool	_____ %
Total Market Equity Index Pool	_____ %
International Equity Index Pool	_____ %
Small Cap Equity Pool	_____ %
Inflation Protected Bond Pool	_____ %

Actively Managed Pools

Short-Term Income Pool	_____ %
Socially Responsible Fixed Income Pool [§]	_____ %
Income Pool	_____ %
Large Cap Equity Managed Pool [§]	_____ %
International Equity Managed Pool	_____ %

Money Market Pool

Money Market Pool	_____ %
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Total Must Equal 100%

100%

[§] For those interested in socially responsible investing (SRI), we offer three pools with underlying funds supporting SRI mandates. These pools consider not only traditional measures of risk and return, but environmental, social, and corporate governance (ESG) factors as well.

7. Agree To Terms

I/we 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/our New Account Application. Any new Account Holder or Additional Account User has read the Program Policies (available at schwabcharitable.org) and agrees to comply with all Terms and Conditions of the Account and the Program Policies.

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

IN CASE OF ERRORS OR DISCREPANCIES: If I/we find any errors or omissions relating to my/our Schwab Charitable Account, I/we must call Schwab Charitable immediately at 800-746-6216. I/we will notify Schwab Charitable no later than 10 days after the relevant communications are sent or made available to me/us. I understand that Schwab Charitable will not be liable for any losses that occur because of my/our failure to promptly notify Schwab Charitable of an error.

I/we also certify that, to the best of my/our knowledge, all information represented in connection with this application is accurate, and I/we will promptly notify Schwab Charitable in writing of any changes.

New Account holders must sign this form along with a current Account holder, and Account holders being removed or added must sign, too.

Schwab Charitable is a 501(c)(3) independent, public charity.

X _____ / ____ / ____ / _____
Account Holder Signature Date (mm/dd/yyyy)

X _____ / ____ / ____ / _____
Account Holder Signature (if applicable) Date (mm/dd/yyyy)

8. Delivery Instructions

Options For Sending Forms

Fax[†]: (877) 535-3852	Regular Mail: Schwab Charitable P.O. Box 628298 Orlando, FL 32862	Overnight Delivery: Schwab Charitable 1958 Summit Park Dr. Suite 200 Orlando, FL 32810
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Please retain a copy of all original documents for your files.

[†] For Fax Submissions: It is the intention of each of the signatory Account Holders that Schwab Charitable may rely on a facsimile copy of his or her signature as a binding and enforceable signature, admissible in any proceeding to the same extent as if this form was submitted in manual form.