

Form purpose:

Change donor-advisors, successors, or beneficiaries. This request requires a signature and can only be made in writing and submitted via mail or fax.

Mail form to:

T. Rowe Price Charitable
P.O. Box 17115
Baltimore, MD 21297-1115

Expedite by fax:

800-619-9262

Questions?

800-690-0438

ProgramForGiving.org

1 ACCOUNT INFORMATION

Donor-Advisor Name(s)

Account Name

Account Number

2 JOINT DONOR-ADVISOR

Complete this section to change a joint donor-advisor. A joint donor-advisor will succeed the primary donor-advisor after death or disqualification. A joint donor-advisor remains associated with the account until death or disqualification and cannot be removed by the primary donor, but can withdraw by signing this form. **Check one:** Add Withdraw

Joint Donor-Advisor Name

Mr. Mrs. Ms. Dr. Other: _____

Social Security Number

Daytime Phone

Address

Alternate Phone

City

State

ZIP Code

E-mail Address

3 SUCCESSOR

If you name a joint donor-advisor, this person assumes all rights of the primary donor-advisor upon death or incapacitation. Otherwise the successor(s) provided here will assume all rights of the primary and/or donor-advisor.

Check one: Add Remove

Successor 1 Name

Mr. Mrs. Ms. Dr. Other: _____

Social Security Number

Phone

Address

Relationship to Primary Donor-Advisor

City

State

ZIP Code

E-mail Address

Check one: Add Remove

Successor 2 Name

Mr. Mrs. Ms. Dr. Other: _____

Social Security Number

Phone

Address

Relationship to Primary Donor-Advisor

City

State

ZIP Code

E-mail Address

For more successors, check this box and attach a [separate page](#).



4 BENEFICIARY ORGANIZATION

If you do not name a successor, the beneficiary organizations provided will receive the assets remaining in your account after death or other issues leading to disqualification of donor-advisors. This will replace all beneficiary organizations on file. In the event no successor or beneficiary charitable organization is named to your account, all remaining assets will be transferred to T. Rowe Price Charitable's General Giving Fund.

Organization Name 1		Tax ID Number		Phone	
Address		City		State	ZIP Code
Website Address (if known)	Gift Purpose (optional)			Percent of Account Assets %	

Organization Name 2		Tax ID Number		Phone	
Address		City		State	ZIP Code
Website Address (if known)	Gift Purpose (optional)			Percent of Account Assets %	

For more beneficiaries, check this box and attach a [separate page](#).

Must total 100%

5 OTHER DONOR-ADVISOR

Other donor-advisors are not successors to the account. If you name an other donor-advisor, (such as financial advisors, family members, and associates), this person(s) receives all rights to act independently without permission or knowledge of other donor-advisors to take the following actions.

Check all that apply:

Donate to the account Make grant recommendations Receive quarterly statements



Check one: Add Remove

Donor-Advisor Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____		Social Security Number		Phone	
Address			Relationship to Primary Donor-Advisor		
City	State	ZIP Code	E-mail Address		

For more other donor-advisors, check this box and attach a [separate page](#).

6 SIGNATURE(S)

I request that the changes indicated be made. I make these changes with the full understanding of my role as a primary or joint donor-advisor. If I am withdrawing as a donor-advisor, I make this change with the full understanding that I will no longer have authority to act on this account as a donor-advisor.

Donor-Advisor		Donor-Advisor (if applicable)	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)	
 X		 X	

