

**ACCOUNT MAINTENANCE:  
JOINT DONOR-ADVISOR,  
SUCCESSORS, BENEFICIARY  
ORGANIZATIONS, AND SEC-  
ONDARY DONOR-ADVISORS**

THE T. ROWE PRICE PROGRAM FOR  
*Charitable Giving*<sup>SM</sup>

**To the primary donor-advisor:** Each section of this form must be completed. The information provided will replace any designations you may have on file at *The T. Rowe Price Program for Charitable Giving*. Even if you wish to maintain information previously provided, you should check the appropriate box within each section of the form. If no box is checked provided and the form is signed, it is assumed that you wish to retain prior designations.

**SECTION I** *Account Information*

In order to change successors, beneficiary organizations, and secondary donor-advisors, please complete this form and return to:

*The T. Rowe Price Program for  
Charitable Giving*  
P.O. Box 17115  
Baltimore, MD 21297-1115

If you have questions, would like assistance in completing this form, or need additional forms, please contact a service associate by calling 1-800-690-0438.

NAME OF DONOR-ADVISED FUND: \_\_\_\_\_

PROGRAM FOR CHARITABLE GIVING ACCOUNT NUMBER: \_\_\_\_\_

(This number may be found on your last quarterly statement from the Program.)

NAME OF INDIVIDUAL COMPLETING THIS FORM: \_\_\_\_\_

Individual must be the primary donor-advisor for the above-named account.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**SECTION II** *Joint Donor-Advisor*

If named, a joint donor-advisor remains associated with the account until death or other issues leading to disqualification. A joint donor-advisor can withdraw from an account by making a request in writing.

I have previously named a joint donor-advisor

I do not wish to name a joint donor-advisor

I wish to name a joint donor-advisor

**JOINT DONOR-ADVISOR**  MR.  MRS.  MS.  DR.  OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER/TIN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO PRIMARY DONOR: \_\_\_\_\_

**SECTION III** *Successors*

If a joint donor-advisor is named, this individual will succeed the primary donor-advisor after death or other issues leading to disqualification of the primary donor-advisor. Successor(s) succeed the primary donor-advisor and joint donor-advisor, if named.

I do not wish to name a successor.

I wish to retain the successor(s) currently associated with the account listed above.

I wish to replace the successor(s) currently associated with the account above listed with the following individual(s):

**SUCCESSOR 1**  MR.  MRS.  MS.  DR.  OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER/TIN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO PRIMARY DONOR: \_\_\_\_\_

**SECTION III** *Successors (continued)*

**SUCCESSOR 2**  MR.  MRS.  MS.  DR.  OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER/TIN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ RELATIONSHIP TO PRIMARY DONOR: \_\_\_\_\_

**SECTION IV** *Beneficiary Organizations*

Should you choose not to name a joint donor-advisor or a successor, you may instead provide a recommendation of qualified charitable organizations as the beneficiary of the assets remaining in your account after death or other issues leading to disqualification.

- I do not wish to name a beneficiary organization.
- I wish to retain the beneficiary organization(s) currently associated with the account listed above.
- I wish to replace the beneficiary organization(s) currently associated with the account listed above with the following organization(s):

**BENEFICIARY ORGANIZATION 1**

ORGANIZATION NAME: \_\_\_\_\_

PERCENT OF REMAINING ASSETS TO BE GRANTED TO THIS ORGANIZATION: \_\_\_\_\_ %

EMPLOYER ID NUMBER (EIN): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GIFT TO BE USED FOR THE SPECIFIC PURPOSE OF (OPTIONAL): \_\_\_\_\_

**BENEFICIARY ORGANIZATION 2**

ORGANIZATION NAME: \_\_\_\_\_

PERCENT OF REMAINING ASSETS TO BE GRANTED TO THIS ORGANIZATION: \_\_\_\_\_ %

EMPLOYER ID NUMBER (EIN): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GIFT TO BE USED FOR THE SPECIFIC PURPOSE OF (OPTIONAL): \_\_\_\_\_

*Note: If you wish to recommend more than two charitable organizations as beneficiaries, please check the box here to request that a service associate from The T. Rowe Price Program for Charitable Giving contact you.*

**SECTION V** *Secondary Donor-Advisors*

The primary donor-advisor may extend privileges to family members, friends, employees, or other associates giving them the right to donate to a donor-advised fund, advise on investment allocation, recommend grants from the fund, and/or receive quarterly statements.

Please remember that by giving others the right to donate assets to the Program, advise on investment allocation, and/or make grant recommendations, the person(s) receiving these rights can act independently without permission or knowledge of other donor-advisors.

- I do not wish to name a secondary donor-advisor.
- I wish to retain the secondary donor-advisor(s) associated with the account listed above.
- I wish to replace the secondary donor-advisor(s) currently associated with the account listed above with the following individual(s):

**SECONDARY DONOR-ADVISOR 1**  MR.  MRS.  MS.  DR.  OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER/TIN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ RELATIONSHIP TO PRIMARY DONOR: \_\_\_\_\_

PLEASE EXTEND THE PRIVILEGE TO DONATE ASSETS TO THE PROGRAM USING THIS ACCOUNT (CIRCLE ONE): YES NO

PLEASE EXTEND THE PRIVILEGE TO ADVISE ON INVESTMENT ALLOCATION OF ACCOUNT ASSETS (CIRCLE ONE): YES NO

PLEASE EXTEND THE PRIVILEGE TO SUBMIT GRANT RECOMMENDATIONS FOR ACCOUNT ASSETS (CIRCLE ONE): YES NO

SEND THIS PERSON QUARTERLY STATEMENTS SHOWING ALL ACTIVITY IN THE ACCOUNT (CIRCLE ONE): YES NO

*Note: If you wish to nominate more than two secondary donor-advisors, please check the box here to request that a service associate from The T. Rowe Price Program for Charitable Giving contact you.*

**SECONDARY DONOR-ADVISOR 2**  MR.  MRS.  MS.  DR.  OTHER: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER/TIN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ RELATIONSHIP TO PRIMARY DONOR: \_\_\_\_\_

PLEASE EXTEND THE PRIVILEGE TO DONATE ASSETS TO THE PROGRAM USING THIS ACCOUNT (CIRCLE ONE): YES NO

PLEASE EXTEND THE PRIVILEGE TO ADVISE ON INVESTMENT ALLOCATION OF ACCOUNT ASSETS (CIRCLE ONE): YES NO

PLEASE EXTEND THE PRIVILEGE TO SUBMIT GRANT RECOMMENDATIONS FOR ACCOUNT ASSETS (CIRCLE ONE): YES NO

SEND THIS PERSON QUARTERLY STATEMENTS SHOWING ALL ACTIVITY IN THE ACCOUNT (CIRCLE ONE): YES NO

**SECTION VI** *Signature*

I have completed sections I–V of this form, and I request that the changes indicated be made. I make these changes with the full understanding of my role as a donor-advisor.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_