

DAF Account Change Form

RAYMOND JAMES Charitable

RJ Charitable
Service Center
eSign / Scan / Fax

0 2 7 8 9

Form #

FA #

Branch #

Speed Dial #

Use this form to make changes to your DAF account. Please only complete sections applicable to the changes and sign on the last page.

ACCOUNT INFORMATION (REQUIRED)

RJ Charitable DAF Account Name

DAF Fund ID

Name of current donor advisor(s) requesting these changes

- ☐ **Section A. Account Name Change - Please fill out this section to change the name of your DAF account**
- ☐ **Section B. Personal Information Change - Please fill out this section to change your contact information**
- ☐ **Section C. Financial Advisor Change - Please fill out this section to change or remove your financial advisor(s)**
- ☐ **Section D. Account Access Change - Please fill out this section to change who has access to your online account**
- ☐ **Section E. Donor Advisor Change - Please fill out this section to add, remove or replace a donor advisor**
- ☐ **Section F. Succession Change - Please fill out this section to add, remove or replace successors**

***Note: when completing this form for sections C, E, or F; all active donors listed on the account are required to sign**

Section A.

Account Name Change- Please fill out this section to change the name of your DAF account

Please change the name of my donor advised fund to:

For Example: "John Smith Memorial Fund." The account will be titled "The [Primary Donor/Joint Donor] Family Fund" unless specified otherwise.

Section B.

Personal Information Change - Please fill out this section to change the contact information for any individual associated with this donor account

Please update the following individual's information (Please only complete the sections requiring changes):

1. _____
Name

Date of Birth

Social Security Number

Physical Address - Note: Your legal address cannot be a P.O. Box or International Address

Mailing Address - If different than above

☐ **Please change my phone number to:**

Home Phone

Cell Phone

☐ **Please change my email address to:**

Email Address

Communication Preference: ☐ Mail ☐ Email

2. _____
Name

Date of Birth

Social Security Number

Physical Address - Note: Your legal address cannot be a P.O. Box or International Address

Mailing Address - If different than above

☐ Please change my phone number to:

Home Phone

Cell Phone

☐ Please change my email address to:

Email Address

Communication Preference: ☐ Mail ☐ Email

Section C.

Financial Advisor Change- Please fill out this section to change or remove your financial advisor(s)

☐ Please remove the financial advisor associated with my account

OR

☐ Please change the financial advisor associated with my account to:

Name(s) (If split Rep, include all related FA names)

Email(s)

Branch #

Rep #

New Financial Advisor Signature

☐ I DO authorize my financial advisor(s) to assist with entering Grants to Charities and account maintenance changes on my behalf.

OR

☐ I DO NOT authorize my financial advisor(s) to assist with entering Grants to Charities and account maintenance changes on my behalf.

Are any of the above financial advisors the donor or related* to the donor/joint donor named on this account?

☐ Yes ☐ No

Are any of the above financial advisors the successor or related* to the successor(s) named on this account?

☐ Yes ☐ No

*The definition of related for the purposes of this application is spouse, ancestor, child, grandchild, great grandchild; spouses of a child, grandchild, and great grandchild; brothers and sisters (of whole or half-blood) and brothers' and sisters' spouses. Per IRS rules, financial advisors that are related to the donor advisor may not be compensated for their services. By signing above you agree you have read and understand this rule. Contact RJ Charitable for questions or more information.

Section D.

Account Access Change- Please fill out this section to change who has access to your DAF account

Donor Advisor Access

Our website provides online access for viewing account information, making contributions, and submitting grants to charities.

Please indicate your preference.

☐ Please provide me with online access

☐ Please remove my online access

Please note, for increased security and in an effort to make the account access process easier, we utilize **two-factor authentication**. With this functionality, users trying to access their account on our public website will have the option to receive a phone call or text with a security code to gain access 24/7 if they forgot their password. Please be sure your current phone number is on file with us or provide it below.

FA#

Primary Donor Email Address

Joint Donor Email Address

Primary Donor Phone # for Two Factor Authentication

Joint Donor Phone # for Two Factor Authentication

Financial Advisor Access

If this is a new financial advisor, please fill out Section C.

☐ Please provide my financial advisor(s) access to submit grants to charities on my behalf

Branch Associate Access

In addition to my financial advisor, please allow the following associates access to my account. Select one option below.

☐ Associates to view account only

OR

☐ Access to assist with entering grants and making account maintenance changes on my behalf

Associate Name

Associate Email

Associate Name

Associate Email

Associate Name

Associate Email

Associate Name

Associate Email

Associate Name

Associate Email

Remove Branch Associate Access

Please **REMOVE** the following associates access to my account.

Associate Name

Associate Email

Associate Name

Associate Email

Associate Name

Associate Email

Third Party Access

If you wish to give a third party access to view your donor advised fund please list their information below

Name	Date of Birth	Relationship to Donor
Physical Address- Note: Legal address cannot be a P.O. Box		Email Address
City	State	Zip
		Phone

Name	Date of Birth	Relationship to Donor
Physical Address- Note: Legal address cannot be a P.O. Box		Email Address
City	State	Zip
		Phone

Section E.

Donor Advisor Change- Please fill out this section to add, remove or replace donor advisor(s)

- ☐ I am adding one or more donor advisor(s) to my account
- ☐ I am removing one or more donor advisor(s) from my account (Please fill out Donor Resignation below)
- ☐ I am removing one or more donor advisor(s) from my account and replacing them with the donor advisor(s) listed below

Donor Advisor Addition

Please recognize the Donor Advisor(s) named below as the new donor advisors on this DAF account. I understand these donor advisors will serve simultaneously and may each make recommendations independent of the other Donor Advisor(s). I certify I have read the disclosure brochure and agree to its terms. (Include the names of current donor advisors if you intend for them to maintain that position.)

Name	Relationship to Donor		
Physical Address - Note: Cannot be a P.O. Box		Date of Birth	
City	State	Zip	Social Security Number
Daytime Phone	Cell Phone		Email Address

Name	Relationship to Donor		
Physical Address - Note: Cannot be a P.O. Box		Date of Birth	
City	State	Zip	Social Security Number
Daytime Phone	Cell Phone		Email Address

FA#

Name		Relationship to Donor	
Physical Address - Note: Cannot be a P.O. Box		Date of Birth	
City	State	Zip	Social Security Number
Daytime Phone	Cell Phone	Email Address	

Are any of the financial advisors the donor or related* to the donor/joint donor named on this account?

☐ Yes ☐ No

*The definition of related for the purposes of this application is spouse, ancestor, child, grandchild, great grandchild; spouses of a child, grandchild, and great grandchild; brothers and sisters (of whole or half-blood) and brothers' and sisters' spouses. Per IRS rules, financial advisors that are related to the donor advisor may not be compensated for their services. By submitting this form you agree you have read and understand this rule. Contact RJ Charitable for questions or more information

Donor Advisor Resignation

I hereby resign as donor advisor on this account. Please remove me from the account and discontinue all communication.

Name

Signature of Party Resigning

Name

Signature of Party Resigning

Section F.**Succession Change - Please fill out this section to add, remove or replace successors**

You have two options for designating succession plans. You may name one or more successor donor advisor(s) below. As an alternative to naming successor donors advisors, you may name one or more organizations or areas of interest to support beyond your lifetime by instead submitting a Legacy Giving Recommendation (form #2785).

- ☐ I am adding successor donor advisors to my account for the first time
- ☐ I am replacing the successor donor advisors currently listed on my account with the individual(s) named below
- ☐ I am removing the organizations currently listed on my account and replacing with the successor donor advisor(s) named below.

If naming more than one Successor Donor Advisor, they will serve at the same time. Please choose one of the following options below. If no selection is made, the successor donor advisors will maintain a single account.

- ☐ Maintaining a single account (each may make recommendations independent of other Successor Donor Advisor(s)).
- ☐ Splitting the account into separate portions, provided each is funded with a minimum of \$10,000. (Please indicate in Successor Donor Advisor information below the percentage of each share. Must total 100%.)

Please provide Successor Donor Advisor information below.

Additional Successor Donor Advisor information fields on the following page.

Successor Donor Advisor 1

Name		Relationship to Donor	
Social Security		Date of Birth	Daytime Phone Number
Physical Street Address	City	State	Zip
If opting to split the account into separate portions, indicate percentage of share for Successor Donor Advisor 1: _____ %			

Successor Donor Advisor 2

Name		Relationship to Donor	
Social Security		Date of Birth	Daytime Phone Number
Physical Street Address	City	State	Zip
If opting to split the account into separate portions, indicate percentage of share for Successor Donor Advisor 2: _____ %			

FA#

Successor Donor Advisor 3

Name

Relationship to Donor

Social Security

Date of Birth

Daytime Phone Number

Physical Street Address

City

State

Zip

If opting to split the account into separate portions, indicate percentage of share for Successor Donor Advisor 3:

%

Successor Donor Advisor 4

Name

Relationship to Donor

Social Security

Date of Birth

Daytime Phone Number

Physical Street Address

City

State

Zip

If opting to split the account into separate portions, indicate percentage of share for Successor Donor Advisor 4:

%

Total = 100 %

SIGNATURES*

Donor Advisor Signature	Date	Joint Donor Advisor Signature	Date
Additional Donor Advisor Signature (Required)	Date	Additional Donor Advisor Signature (Required)	Date

Please contact RJCHARITABLE@RAYMONDJAMES.COM or 866-687-3863 with any questions.