

# Donor Account Change Form

**RAYMOND JAMES Charitable**

RJ Charitable  
Service Center  
*eSign* / Scan / Fax

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Form #

FA #

Branch #

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

## ACCOUNT INFORMATION (REQUIRED)

Donor Advised Fund Account Name

Fund ID Number

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 donor account**
- Section B. Personal Information Change - Please fill out this section to change your contact information**
- Section C. Online Authorization Change - Please fill out this section to change who has access to your online account**
- Section D. Change of Investment - Please fill out this section to change your investment option**
- Section E. Financial Advisor Change - Please fill out this section to change or remove your financial advisor(s)**
- Section F. Donor Advisor Change - Please fill out this section to add, remove or replace a donor advisor**
- Section G. Succession - Please fill out this section to add, remove or replace successors**

### Section A.

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

Please change the name of my donor advised fund to:

Your title must contain one of the following: Account, Fund, Foundation. For Example: "John Smith Memorial Fund."

### Section B.

Personal Information Change - Please fill out this section to change your contact information

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

Name (Primary Donor Advisor)

Joint Donor Advisor (if applicable)

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:**

Primary Donor Home Phone

Primary Donor Cell Phone

Joint Donor Home Phone

Joint Donor Cell Phone

**Please change my email address to:**

Primary Donor Email Address

Joint Donor Email Address

FA#

**Section C.****Online Authorization Change- Please fill out this section to change who has access to your online account****Online 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 note\* for increased security and in an effort to make the account access process easier for our clients, we have implemented **two-factor authentication**. With this new functionality, users trying to access their account on RJ Charitable's 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.

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Primary Donor Email Address

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Joint Donor Email Address

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Primary Donor Phone # for Two Factor Authentication

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Joint Donor Phone # for Two Factor Authentication

- Please provide my financial advisor(s) access to submit grants to charities on my behalf. (Note: This does not apply to IAD branches)

**Grant Recommendation Assistance**

Please authorize the following Raymond James associates to assist me with making grants to charities. These individuals can include your financial advisor and others in their office. (Note: This does not apply to IAD branches)

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**Account Access**

Please authorize the following individuals to have access to view my account online. These individuals can include your CPA, assistant, etc.

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Name

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Relationship to Donor

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Physical Address - Note: Legal address cannot be a P.O. Box

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Email Address

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City

---

State

---

Zip

---

Phone

---

Name

---

Relationship to Donor

---

Physical Address - Note: Legal address cannot be a P.O. Box

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Email Address

---

City

---

State

---

Zip

---

Phone

**Statement Delivery - Please choose one**

You have the option to receive quarterly statements by mail or to receive an email notification when statements are available to view online. Please indicate your preference below

- Email: Please send an email notification when statements are available (Must have online access and have provided email address) Note: Grant confirmations will also be received by email if this option is selected.
- By mail: Please mail a quarterly statement to my address of record. Note: Grant Confirmations will also be sent in the mail if this option is selected.

Section D.

**Change of Investment-** Please fill out this section to change your investment option.

If you need additional information about the investment options below please contact your financial advisor or visit [www.raymondjamescharitable.org](http://www.raymondjamescharitable.org)

**SELECT ONE**

**LIBERTY MUTUAL FUND OPTION FOR ACCOUNT BALANCES OF ANY SIZE**

- ▶  MONEY MARKET OBJECTIVE: Seeks the preservation of capital and the production of income exclusively through investment in a money market fund investing in the highest quality, very short-term debt instruments.
- ▶  INCOME OBJECTIVE: Seeks income and capital preservation primarily through the use of a mutual fund portfolio consisting of exposure to U.S. government and global corporate bonds.
- ▶  INCOME WITH GROWTH OBJECTIVE: Seeks income and provides a growth component through the use of a mutual fund portfolio consisting of exposure to U.S. government and global corporate bonds and a modest exposure to diversified common stocks.
- ▶  BALANCED OBJECTIVE: Seeks to provide a balanced allocation through the use of a mutual fund portfolio providing both growth and income.
- ▶  GROWTH WITH INCOME OBJECTIVE: Seeks long-term growth of capital primarily by investing in a diversified mutual fund portfolio consisting of equity exposure and income through the use of U.S. government and global corporate bonds.
- ▶  GROWTH OBJECTIVE: Seeks long-term growth of capital primarily by investing in a diversified mutual fund portfolio consisting of equity exposure across market capitalization and growth spectrums, including prudent exposure to international markets.
- ▶  ENVIRONMENTAL, SOCIAL & GOVERNANCE (ESG) BALANCED OBJECTIVE: Seeks long-term capital appreciation with strong growth potential through investments with best-in-class environmental, social and governance practices.

**INVESTMENT ADVISOR PROGRAM (IAP) OPTION FOR ACCOUNT BALANCES OF \$500,000 OR MORE**

- ▶  I/WE WANT TO NOMINATE MY/OUR FINANCIAL ADVISOR TO PROVIDE INVESTMENT ADVICE TO RAYMOND JAMES TRUST: Complete and attach an Investment Advisor Program (IAP) Agreement #2784. Your financial advisor can provide you with this form and information about this investment approach.

Section E.

**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:

Names(s)

Email(s)

Branch #

Rep #

New Financial Advisor Signature

Please note\* for increased security and in an effort to make the account access process easier for our clients, we have implemented **two-factor authentication**. With this new functionality, users trying to access their account on RJ Charitable's 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.

Financial Advisor Phone # for Two Factor Authentication

- I DO authorize my financial advisor(s) to assist with entering Grants to Charities and account maintenance changes on my behalf. (Note: This does not apply to IAD branches)

**OR**

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

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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.

### Raymond James Associates

Please allow the following Raymond James 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 (Note: Does not apply to IAD branches)

\_\_\_\_\_  
Associate Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Associate Name

\_\_\_\_\_  
Phone Number

### Section F.

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

##### New Advisor Designation

- A. Prior Donor Advisor Revocation: I/we amend the previous Advisor Designations with respect to this Raymond James Charitable Endowment Fund Account named above and designate below the new Donor Advisor(s).
- B. New Donor Advisor Designation: I, as the Donor Advisor, designate the person(s) listed below as the Donor and Donor Advisor(s) of the Raymond James Charitable Endowment Fund Account named above. I understand that if I designate more than one donor advisor that each person may advise the board of trustees of the Raymond James Charitable Endowment Fund independently. I further understand that in unusual circumstances, the board of trustees reserves the right to modify designations in the best interest of the administration of the Raymond James Charitable Endowment Fund.

##### Donor Advisor Addition

Please add the Donor Advisor(s) named below to my donor account. I understand these donor advisors will serve simultaneously and may each make recommendations independent of the other Donor Advisor(s).

\_\_\_\_\_  
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.

**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

FA#

**Section G.**

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

**ACCOUNT SUCCESSION - Please fill out this section to replace your current successor plan**

- 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.

*Accounts may be administered in various ways after the death, resignation or incapacity of the initial donor advisor(s):*

- A. You may name one or more Successor Donor Advisors to your account. The Successor Donor Advisors may be a spouse, relative(s) or other individual(s) who is at least 18 years of age, and may serve jointly to each other. Note: Joint Successor Donor Advisors may submit grant recommendations independent of each other.
- B. You may elect to divide the account into separate funds (provided each is funded with a minimum of \$10,000) naming separate advisors to each account.
- C. As an alternative to naming successor advisors, you may leave a legacy by naming one or more organizations or areas of interest to support beyond your lifetime and submitting form #2785.

*If naming more than one Successor Donor Advisor, they will serve at the same time and can either maintain a single account or split the account into separate portions. Please indicate your choice by checking the appropriate box below.*

The Successor Donor Advisors named below will serve at the same time.

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. (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: \_\_\_\_\_ %*

\_\_\_\_\_  
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 Signature (Required)	Date	Joint Donor Signature (Required)	Date
Additional Donor Signature (Required)	Date	Additional Donor Signature (Required)	Date

Please contact [RJCHARTIABLE@RAYMONDJAMES.COM](mailto:RJCHARTIABLE@RAYMONDJAMES.COM) or 866-687-3863 with any questions.