# **Donor-Advisor or Beneficiary Change**

### T.RowePrice | Charitable

### 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

	RMATION						
Donor-Advisor Name(s	)						
Account Name						Account	Number
JOINT DONOR-	<b>A</b> DVISOR						
after death or disqu	alification. A	A joint don	or-advisor remains	assoc	iated with the	account u	ne primary donor-advison ntil death or disqualifica k one:   Add   Withdra
Joint Donor-Advisor Na	ame 🗆 Mr.	☐ Mrs. ☐	Ms. □ Dr. □ Other: _		Social Security	Number	Daytime Phone
Address							Alternate Phone
City		<u> </u>			ail Address		
Successor		State	ZIP Code	E-M	all Address		
Successor  f you name a joint of	donor-advise erwise the s	or, this pei	rson assumes all rig	ghts of	the primary d		-
Successor  f you name a joint oncapacitation. Other	donor-advise erwise the s	or, this pei uccessor(	rson assumes all rig	ghts of ill assu	the primary d	f the prima	-
SUCCESSOR  f you name a joint on capacitation. Other check one:	donor-advise erwise the s	or, this pei uccessor(	rson assumes all rig s) provided here wi	ghts of ill assu	the primary d me all rights o Social Security	f the prima	ary and/or donor-adviso
SUCCESSOR  f you name a joint on capacitation. Other check one:   Add  Successor 1 Name	donor-advise erwise the s	or, this pei uccessor(	rson assumes all rig s) provided here wi	ghts of ill assu	the primary d me all rights o Social Security	f the prima	ary and/or donor-adviso
Successor  f you name a joint on capacitation. Other Check one:  Add Successor 1 Name Address	donor-advise erwise the s Remove	or, this per uccessor(:	rson assumes all rigs) provided here wi	ghts of ill assu	the primary d me all rights o Social Security	f the prima	ary and/or donor-adviso
Successor  f you name a joint of neapacitation. Other Check one:   Add Successor 1 Name  Address  City	donor-advise erwise the s Remove Mr.	or, this per uccessor(	rson assumes all rigs) provided here wi	ghts of ill assu	the primary d me all rights o Social Security	f the prima	ary and/or donor-adviso
Successor  f you name a joint of neapacitation. Other Check one:   Add Successor 1 Name  Address  City  Check one:	donor-advise erwise the s Remove Mr.	or, this per uccessor(	rson assumes all rigs) provided here wi	ghts of ill assu	the primary d me all rights o Social Security Relation ail Address Social Security	f the prima Number  Onship to Pri	Phone  mary Donor-Advisor



☐ For more successors, check this box and attach a <u>separate page</u>.

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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.

O					O				
Organization Name 1			Tax ID Number			Phone			
Address			City			State	Z	IP Code	
Website Address (if known) Gift Purpose (			al)				Perc	cent of Account As	sets
									%
Organization Name 2	me 2 Tax ID Number				Phone				
Address			City			State	Z	IP Code	
Website Address (if known)	Gift Po	urpose (option	al)				Percent of Account Assets		
OTHER DONOR-ADVIS  Other donor-advisors are not advisors, family members, a knowledge of other donor-advisors.	ot successors and associate	s), this pers	on(s) receive						sion o
Check all that apply:  Donate to the account   N	Make grant rec		-	e quarterly	v statement	S			
Check one: ☐ Add ☐ Remo Donor-Advisor Name ☐ M	ve ∕ir. □ Mrs. □ M	ls. 🗆 Dr. 🗆 C	Other:	Social S	Security Nur	nber	Pho	one	
Address				Relationship to Primary Donor-Advisor					
City	State	ZIP Code	E	-mail Addre	ess				
☐ For more other donor-advis	sors, check this	s box and atta	ach a <u>separat</u>	e 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)
<b>∠</b> □ <b>X</b>		<b>₤ X</b>	

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