

American Center for Philanthropy



ACCOUNT INFORMATION UPDATE

ACP ACCOUNT # _____ - _____ ACP ACCOUNT NAME _____

- Complete all sections of this form that you wish to change.
- Remember to sign the form.
- Send your completed form to:
11 Bridge Square, Suite 200, Northfield, MN 55057 or info@americancp.org

CHANGE DONOR(S) INFORMATION (this will replace existing account information)

Please note: Each Donor of an account, acting individually, has the authority to make contributions, nominate grants to charities, recommend the re-allocation of investment models, select Nominators, and recommend Successor or charitable beneficiaries for the account as a whole.

Donor #1 (Primary recipient for all account correspondence.)

Name (First)	(Middle)	(Last)
Mailing Address:		
(City)	(State)	(Zip code)
Home Telephone # ()	Business Telephone# ()	
Email Address		
Social Security Number		
Birthdate (mm/dd/yyyy)		
Mother's Maiden Name		

Donor #2

Name (First)	(Middle)	(Last)
Mailing Address:		
(City)	(State)	(Zip code)
Home Telephone # ()	Business Telephone# ()	
Email Address		
Social Security Number		
Birthdate (mm/dd/yyyy)		
Mother's Maiden Name		

CHANGE NOMINATOR INFORMATION. (optional, up to two) (this will replace existing account information)

Donors may wish to select up to two individuals (such as investment managers, CPAs, family members or others) in an advisory role as Nominators. Each account Nominator has the authority to submit grant nominations and recommend the re-allocation of investment pools until the death of both donors.

Nominator #1

Name (First)	(Middle)	(Last)
Company Name (if applicable)	Title	
Mailing Address:		
(City)	(State)	(Zip code)
Home Telephone # ()	Business Telephone# ()	
Email Address		
Social Security Number or Tax ID#		
Birthdate (mm/dd/yyyy)		
Mother's Maiden Name	Relationship to Donor	

Nominator #2

Name (First)	(Middle)	(Last)
Company Name (if applicable)		Title
Mailing Address:		
(City)	(State)	(Zip code)
Home Telephone # ()	Business Telephone# ()	
Email Address		
Social Security Number		
Birthdate (mm/dd/yyyy)		
Mother's Maiden Name		Relationship to Donor

DESIGNATE SUCCESSOR(S) AND BENEFICIARY(IES)

Donors have the option of *either* (1) naming up to two individuals to succeed them as Donor-Advisors of the account, (2) nominating charitable organizations to receive the remaining proceeds, OR (3) naming ACP Philanthropy Fund as the beneficiary upon the death, incapacity or other disqualification of ALL Donors on the account.

Choose either option A, B, or C. If you do not make a selection, you will be deemed as having selected option C and assets will be transferred to the Philanthropy Fund for disbursement in accordance with its grant making policies. This selection can be changed at any time.

A. NAME INDIVIDUAL(S) AS SUCCESSOR(S) *(Optional, up to two)*

Successor #1

Name (First)	(Middle)	(Last)
Company Name (if applicable)		Title
Mailing Address:		
(City)	(State)	(Zip code)
Home Telephone # ()	Business Telephone# ()	
Social Security Number		
Birthdate (mm/dd/yyyy)		
		Relationship to Donor

Successor #2

Name (First)	(Middle)	(Last)
Company Name (if applicable)		Title
Mailing Address:		
(City)	(State)	(Zip code)
Home Telephone # ()	Business Telephone# ()	
Social Security Number		
Birthdate (mm/dd/yyyy)		
		Relationship to Donor

Please select one of the following options to determine how Successor(s) may become Successor Donor-Advisors(s) upon the death, incapacity, or other disqualification of all Donors on the account:

- Successor(s) named above succeed(s) to the account with full rights as Donor-Advisors(s).
- Successor #1 named above succeeds to the account with full rights as Donor-Advisor. Successor #2 is a Contingent Successor, and succeeds to the account only upon the death, incapacity, refusal to serve or other disqualification of Successor # 1.

B. RECOMMEND CHARITABLE ORGANIZATION(S) AS BENEFICIARY(IES)

Donors may recommend to the Fund qualified tax-exempt organizations to receive the remaining proceeds upon the death, incapacity, or other disqualification of all Donors of the account. If you wish to designate more than two, please copy this sheet and attach.*

Beneficiary Charitable Organization #1

Organization		
Mailing Address:		
(City)	(State)	(Zip code)
Telephone # ()		
Federal Tax ID #	Percentage of Charitable Account or Dollar Amount	

Beneficiary Charitable Organization #2

Organization		
Mailing Address:		
(City)	(State)	(Zip code)
Telephone # ()		
Federal Tax ID #	Percentage of Charitable Account or Dollar Amount	

*All recommendations of charitable beneficiaries are subject to the approval of the Fund, in its complete discretion, at the time the gift would otherwise take effect. If the Fund determines not to make the donation to one of the two recommended charitable organizations, the entire balance will be donated to the other charitable organization. If the Fund determines not to make the donation to either recommended charitable organization, the entire balance will be transferred to The Philanthropy Fund for disbursement in accordance with its grant-making policies.

C. NAME THE ACP CHARITABLE GIFT FUND AS BENEFICIARY (Default option)

- Donate remaining assets in the account to The Philanthropy Fund for disbursement in accordance with its grant making policies. Donation will occur upon the death, incapacity or other disqualification of all Donors of the account.

AGREE TO TERMS

I hereby request that ACP change the Charitable Gift Account as indicated above, which will constitute a donor-advised account of ACP. I understand that any contribution, once accepted by the Fund, represents an *irrevocable contribution* to the Fund and is not refundable to me for any reason. I agree to read and be bound by the terms of the Charitable Gift Account Program Guide as applicable (the "Program Guide") as currently in effect and as amended from time to time. If I do not receive or understand the Program Guide, I will notify ACP.

I understand that I may make recommendations concerning the investment of account assets among the designated investment pools, and may make recommendations concerning grants or award to charitable organizations from the account. While ACP will give careful and thoughtful consideration to all such recommendations, I understand that final decisions concerning the investment of account assets and all grants or awards from the account will be made by ACP. I further understand that no recommended grants from the account may be used to discharge or satisfy a charitable pledge or obligation that is legally enforceable against me or any other person, or to pay for goods or services of value received by me or any other person.

If I am making a contribution close to year-end, I understand that, for tax purposes, the effective date of my contribution could be deemed to occur in the next calendar year.*

If there is more than one Donor on the account, each Donor has authority, acting individually and without notice to any other account Donor, to deal with the Fund as fully and completely as if the Donor is the sole account Donor and may make any changes to the account (besides removing other account Donors).

I hereby certify that, to the best of my knowledge, all information represented in connection with this form is accurate, and I will promptly notify ACP in writing of any changes.

SIGNATURES REQUIRED (All Donors of the account must sign below)

Donor # 1	Dated
Donor # 2	Dated
Donor # 3	Dated