



American Endowment Foundation Donor Advised Fund Change Form

Current Donor-Advisor Information

Contact information does not change Update contact information to the following:

| | | | |
|------------|--|-----------|----------|
| First Name | | Last Name | |
| Fund Name | | | Fund ID |
| Email | | Phone | |
| Address | | | |
| City | | State | Zip Code |

Please select from the following (attach additional information if needed):

I wish to **ADD** with full privileges or read/view only or **UPDATE** Advisor Contact Info or
 REMOVE (terminate all fund access) As a Donor Advisor Successor Interested Party
 Financial Advisor

| | | | |
|-------------------|----------------|-----------|-------|
| First Name | | Last Name | |
| Relation to Donor | E-mail Address | | |
| Address | | | |
| City | State | Zip Code | Phone |

I wish to **ADD** with full privileges or read/view only) or **REMOVE** (terminate all fund access)
As a Donor-Advisor Successor Interested Party Financial Advisor

| | | | |
|-------------------|----------------|-----------|-------|
| First Name | | Last Name | |
| Relation to Donor | E-mail Address | | |
| Address | | | |
| City | State | Zip Code | Phone |

Change Fund Name to the following:

| |
|---------------|
| OLD Fund Name |
|---------------|

| |
|---------------|
| NEW Fund Name |
|---------------|

Change Fund Disposition Plan to the following:

I/We recommend the Fund to continue on, making grants annually to the following charitable organizations (please describe / attach additional information if needed.)

I/We recommend the Fund to terminate, and the proceeds be granted to the following charitable organizations (please describe / attach additional information if needed.)

I/We recommend the following customized disposition plan for the fund (please describe / attach additional information if needed.)

Signature(s)

| | |
|-------------------------|------|
| Donor-Advisor Signature | Date |
|-------------------------|------|

| | |
|-------------------------|------|
| Donor-Advisor Signature | Date |
|-------------------------|------|

Please remit to AEF. AEF will confirm receipt of changes.
American Endowment Foundation
5700 Darrow Road, Suite 118
Hudson, OH 44236