

DAF Change Form

RAYMOND JAMES Charitable

RJ Charitable
Service Center
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Form #

FA #

Branch #

Branch #

Use this form to make changes to an existing DAF account or Planned Gift DAF account. Please only complete sections applicable to the changes.

ACCOUNT INFORMATION (REQUIRED)

Name of Current Donor Advisor(s) (Client Name) DAF Fund ID# RJ Charitable DAF Account Name FA Name

- Multiple Accounts** (for Sections C1, C2 and D only) (if you would like to make the same changes in Sections C and/or D to multiple accounts, please check this box and list all the DAF Fund ID#s below, and the RJ Charitable DAF Account Name field can be left blank)

DAF Fund ID #s: _____

- Section A. DAF Account Name** - Please fill out this section to change the name of a DAF account.
- Section B. Donor Advisor** - Please fill out this section to update information for a current donor advisor or to add or remove a donor advisor.
- Section C. Financial Advisor** - Please fill out this section to change, update or remove the financial advisor(s).
- Section D. Branch Associate** - Please fill out this section to add or remove a branch associate(s).
- Section E. Third Party** - Please fill out this section to add or change information for a third party (i.e. CPA, attorney, personal assistant).
- Section F. Successor (Individual)** - Please fill out this section to add, remove, replace, or update individual successors.

Note: When completing this form, only Section B2 (adding or removing a Donor Advisor) and Section C3 (changing the financial advisor) require signature from all active donor advisors.

Section A.

DAF Account Name - Please fill out this section to change the name of a DAF account.

Please change the name of the DAF to: _____

(The account name must contain one of the following: Account, Foundation, or Fund. For Example: "Smith Family Fund." The account name must not contain Trust. If this criteria is not met, Fund will be used as the default.)

Section B.

Donor Advisor - Please fill out this section to change information for a current donor advisor or to add or remove a donor advisor.

B1. To change information for a current donor advisor, complete the below fields:

(Please only complete the fields that require a change.)

1. _____
Name of Individual to Update (required) Relationship to Account (required) (i.e. primary donor, joint donor)

Home Phone Cell Phone Date of Birth

_____ Communication Preference: Mail Email Add Client Access Single-Sign-On (SSO)
Email

Address

City State Zip Country

FA#

2. _____
Name of Individual to Update Relationship to Account (i.e. primary donor, joint donor)

_____ Home Phone _____ Cell Phone _____ Date of Birth

_____ Communication Preference: Mail Email Add Client Access Single-Sign-On (SSO)
Email _____

Address Same as above

_____ City _____ State _____ Zip _____ Country _____

3. _____
Name of Individual to Update Relationship to Account (i.e. primary donor, joint donor)

_____ Home Phone _____ Cell Phone _____ Date of Birth

_____ Communication Preference: Mail Email Add Client Access Single-Sign-On (SSO)
Email _____

Address Same as above

_____ City _____ State _____ Zip _____ Country _____

B2. To add or remove a donor advisor, complete the below fields:

- Add one or more donor advisor(s)** to the account. (Please fill out the Donor Advisor Addition section below.)
- Remove one or more donor advisor(s)** from the account. (Please fill out the Donor Advisor Resignation section below.)
- Remove one or more donor advisor(s) from the account and replace them with new donor advisor(s)** listed below. (Please fill out both the Donor Advisor Addition and Donor Advisor Resignation sections below.)

Donor Advisor Addition

New donor advisors will be added to the account with equal access and privileges as current donor advisors and may submit grant recommendations independent of each other.

By signing below, new donor advisor(s) acknowledge that they have received and read the [Raymond James Charitable Donor Advised Fund Program Guidelines](#) and agree to its terms and conditions described therein. They certify that to the best of their knowledge all information presented in connection with this form is accurate and will notify Raymond James Charitable promptly of any changes.

1. _____
Name of New Donor Advisor Relationship to Primary Donor Advisor New Donor Advisor Signature

_____ Home Phone _____ Cell Phone _____ Date of Birth

_____ Communication Preference: Mail Email Add Client Access Single-Sign-On (SSO)
Email _____

Address _____

_____ City _____ State _____ Zip _____ Country _____

FA#

2. _____
Name of New Donor Advisor Relationship to Primary Donor Advisor New Donor Advisor Signature

_____ _____ _____
Home Phone Cell Phone Date of Birth

_____ _____
Email Communication Preference: Mail Email Add Client Access Single-Sign-On (SSO)

_____ _____ _____ _____
City State Zip Country

3. _____
Name of New Donor Advisor Relationship to Primary Donor Advisor New Donor Advisor Signature

_____ _____ _____
Home Phone Cell Phone Date of Birth

_____ _____
Email Communication Preference: Mail Email Add Client Access Single-Sign-On (SSO)

_____ _____ _____ _____
City State Zip Country

Is the current financial advisor(s) a donor, donor advisor, or related* to the new donor advisor(s) named above? 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. IRS rules prohibit financial advisors from being compensated on accounts where they are related to the donor advisor.

Donor Advisor Resignation

1. _____ _____
Name of Donor Advisor Resigning Resigning Donor Advisor Signature

2. _____ _____
Name of Donor Advisor Resigning Resigning Donor Advisor Signature

3. _____ _____
Name of Donor Advisor Resigning Resigning Donor Advisor Signature

Section C.

Financial Advisor - Please fill out this section to remove, change, or update the financial advisor(s).

C1. Remove the financial advisor(s) associated with the account.

OR

C2. Update the existing financial advisor(s) associated with the account. Please fill out the appropriate sub-section below.

Grant Authorization

Please update the financial advisor(s) and branch associate(s) to read-only access. Donor advisor(s) will be the only individuals able to submit grant recommendations.

Please update the financial advisor(s) and branch associate(s) to full access with the ability to submit grant recommendations on the donor advisor(s) behalf.

Financial advisors and branch associates should retain written confirmation from the donor advisor(s) of all grant recommendations, investment recommendations, and account maintenance change requests that they submit at the request of the donor advisors on their behalf.

FA#

FA Rep # Change

Please change the FA Rep # to:

FA Rep # _____

FA Name(s) (if split rep, include all related FA names) _____

Note: This is only for FA Rep # changes associated with the same advisor (i.e. from a primary FA# to a split rep, where the same advisor is associated with that split rep). If changing to a split rep, the additional FA(s) will be added with the same access as the existing FA(s).

FA ACKNOWLEDGMENT: Financial advisors are required to attest that they have read, understand and agree to comply with the [Raymond James Charitable Financial Advisor Acknowledgment](#), which outlines the responsibilities and duties required for being a financial advisor associated with a RJ Charitable DAF account, and the [Raymond James Charitable Donor Advised Fund Program Guidelines](#), which sets forth the terms and conditions of RJ Charitable's DAF program.

- Check here to attest that any new financial advisor(s) named above have read, understand and agree to comply with the [Raymond James Charitable Financial Advisor Acknowledgment](#) and the [Raymond James Charitable Donor Advised Fund Program Guidelines](#).**

OR

C3. Change the financial advisor(s) associated with the account to:

New Financial Advisor(s) Name (if split rep, include all FA names)

Email(s)

Branch #

Rep #

New Financial Advisor Signature

As a default, financial advisors and branch associates have full access with the ability, on a donor advisor's behalf, to submit grant and investment recommendations requested by the donor advisor and make account maintenance changes. Donor advisors will receive a confirmation of any changes made to the account and any grant or investment recommendations submitted for the account.

Financial advisors and branch associates should retain written confirmation from the donor advisor(s) of all grant recommendations, investment recommendations, and account maintenance change requests that they submit at the request of the donor advisors on their behalf.

Is the new financial advisor(s) a donor, donor advisor, or related* to the donor/joint donor advisor Yes No named on this account?

*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. IRS rules prohibit financial advisors from being compensated on accounts where they are related to the donor advisor.

FA ACKNOWLEDGMENT: Financial advisors are required to attest that they have read, understand and agree to comply with the [Raymond James Charitable Financial Advisor Acknowledgment](#), which outlines the responsibilities and duties required for being a financial advisor associated with an RJ Charitable DAF account, and the [Raymond James Charitable Donor Advised Fund Program Guidelines](#), which sets forth the terms and conditions of RJ Charitable's DAF program.

- Check here to attest that any new financial advisor(s) named above have read, understand and agree to comply with the [Raymond James Charitable Financial Advisor Acknowledgment](#) and the [Raymond James Charitable Donor Advised Fund Program Guidelines](#).**

FA#

Section D.**Branch Associate** - Please fill out this section to add or remove a branch associate(s).**Note: Branch Associates will be added with the same access as the FA(s).**

1.	<hr/>	<hr/>	<input type="radio"/> Add	<input type="radio"/> Remove
	Branch Associate Name	Email		
2.	<hr/>	<hr/>	<input type="radio"/> Add	<input type="radio"/> Remove
	Branch Associate Name	Email		
3.	<hr/>	<hr/>	<input type="radio"/> Add	<input type="radio"/> Remove
	Branch Associate Name	Email		
4.	<hr/>	<hr/>	<input type="radio"/> Add	<input type="radio"/> Remove
	Branch Associate Name	Email		
5.	<hr/>	<hr/>	<input type="radio"/> Add	<input type="radio"/> Remove
	Branch Associate Name	Email		

Section E.**Third Party** - Please fill out this section to add or change information for a third party (i.e. CPA, attorney, personal assistant).**(If making a change to a person already linked on the account, please only complete the fields that require a change.)**

*Selecting 'Yes' for Grant Authorization will allow the Third Party to submit grant recommendations on behalf of the Donor Advisor. Selecting 'No' will provide the Third Party online access only to view the account.

1.	<hr/>	<hr/>	Grant Authorization*: <input type="radio"/> Yes <input type="radio"/> No
	Name of Third Party Person	Relationship to Donor Advisor	
	<hr/>		<hr/>
	Address		Date of Birth
	<hr/>	<hr/>	<hr/>
	City	State	Zip
	<hr/>	<hr/>	<hr/>
	Home Phone	Cell Phone	Work Phone
	<hr/>	<hr/>	<hr/>
	Communication Preference: <input type="radio"/> Mail <input type="radio"/> Email <input type="radio"/> Add Client Access Single-Sign-On (SSO)		
	Email		
	<hr/>		
2.	<hr/>	<hr/>	Grant Authorization*: <input type="radio"/> Yes <input type="radio"/> No
	Name of Third Party Person	Relationship to Donor Advisor	
	<hr/>		<hr/>
	Address		Date of Birth
	<hr/>	<hr/>	<hr/>
	City	State	Zip
	<hr/>	<hr/>	<hr/>
	Home Phone	Cell Phone	Work Phone
	<hr/>	<hr/>	<hr/>
	Communication Preference: <input type="radio"/> Mail <input type="radio"/> Email <input type="radio"/> Add Client Access Single-Sign-On (SSO)		
	Email		

Section F.

Successor (Individual) - Please fill out this section to add, remove or replace individual successors.

(If you are making changes to charity successors, please instead use Form 2785 Legacy Giving Recommendation.)

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

- Donors may name one or more successor donor advisors. The successor donor advisors may be a spouse, relative(s) or other individual(s) and must be at least 18 upon serving.
- If donors elect for successors to serve jointly in a single account, they have equal access and privileges and may submit grant recommendations independent of each other.
- If donors elect to divide the account into separate portions for each successor (provided each is funded with a minimum of \$10,000), each successor has sole control over their own specific fund.
Donors may name one or more charity organizations to support with a customized distribution plan (use Form 2785 Legacy Giving Recommendation).

Note: Current active donor advisors may not be named as a successor. If the financial advisor is related to the successor or is the successor him/herself, upon being placed in the role of active donor advisor, the financial advisor may no longer be compensated per IRS rules.

- Add individual successors for the first time, or update current individual successor information.
Remove the current individual successor(s) on the account and replace with the individual(s) named below.
Remove the current charity organizations on the account and replace with the individual(s) named below.

If naming more than one individual successor, they will serve at the same time. Please choose an option below. If no selection is made, the successors will maintain a single account.

- Maintain a single account (successors will have equal access and privileges and may submit grant recommendations independent of each other).
Split the account into separate portions, provided each is funded with a minimum of \$10,000. (Please indicate the percentage of each portion below, which must equal 100%).

Successor Donor Advisor(s) Information

1. Name of Successor Donor Advisor Relationship to Primary Donor Advisor Percentage (if applicable)

Phone Email Date of Birth

Address

City State Zip Country

2. Name of Successor Donor Advisor Relationship to Primary Donor Advisor Percentage (if applicable)

Phone Email Date of Birth

Address

City State Zip Country

FA#

Section F. (continued)

Successor Donor Advisor(s) Information

3. _____
 Name of Successor Donor Advisor Relationship to Primary Donor Advisor Percentage (if applicable)

 Phone Email Date of Birth

 Address

 City State Zip Country

4. _____
 Name of Successor Donor Advisor Relationship to Primary Donor Advisor Percentage (if applicable)

 Phone Email Date of Birth

 Address

 City State Zip Country

SIGNATURES

Note: When completing this form, only Section B2 (adding or removing a Donor Advisor) and Section C3 (changing the financial advisor) require signature from all active donor advisors.

 Donor Advisor Signature (if applicable) Date

 Joint Donor Advisor Signature (if applicable) Date

 Additional Donor Advisor Signature (if applicable) Date

 Additional Donor Advisor Signature (if applicable) Date

 Financial Advisor Signature Date

Please contact RJCharitable@RaymondJames.com or 866-687-3863 or with any questions.