

Change Form: Donor-Advisor Contact Information

Current Donor Information:

Donor- Advisor Signature

First name	Last name	Last name			
Fund name		Fund ID			
Email	Phone				
Address	I				
City	State	Zip Code			
Updated Donor Information:	·	·			
First name	Last name	Last name			
Email	Phone				
Address					
City	State	Zip Code			
Signature(s) (Must be signed by each Don	nor-Advisor on fund)				
By executing this change form, the donor-adv previously submitted conflicting information. superseded by this form as of the date of exec	Any previously submitted application				
Donor- Advisor Signature		Date			

Please remit to:

Date

American Endowment Foundation 5700 Darrow Road, Suite 118, Hudson, OH 44236

donorchanges@aefonline.org

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Change Form: Financial Advisor

Donor Information:					
First name	Last name				
Fund name	Fund ID		Fund ID		
Email	Phone				
Address					
City	State Zip C			Zip Code	
Please select an action:					
Add Financial Advisor Remove Financial Advisor					
Authorize Granting Privileges to Financial Advisor					
Notes If removing a financial advisor vac-	dd a naw 4:-	anneial -	dvicor in the	novt castion	
Note: If removing a financial advisor, you must a	ad a new fir	nanciai a	lavisor in the i	next section.	
Financial Advisor Information:					
First name	Last nam	ne			
Organization					
Email		Pho	ne		
Address					
City	State			Zip Code	
<u> </u>					
Signature(s) (Must be signed by each Donor-Adv	isor on the	fund)			
By executing this change form, the donor-advisor under previously submitted conflicting information. Any prev superseded by this form as of the date of execution.	viously submi				
Donor- Advisor Signature				Date	
				I	
Donor- Advisor Signature				Date	
Dia	aca ramit ta				

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Change Form: Successor Advisor

Donor Information:					
First name	Last name	Last name			
Fund name	F	und ID			
Email	Phone				
Address	I				
City	State	Zip Code			
Please select an action: One addition or deleti	on per form	·			
Add Successor-Advisor Remove S	Successor-Advisor				
Note: If removing the last or only Succes Fund Change Form: Disposition Plan Info Successor-Advisor Information					
First name	Last name	Last name			
Email	Phone				
Address					
City	State	Zip Code			
Signature(s) (Must be signed by each Dol By executing this change form, the donor-adv previously submitted conflicting information. superseded by this form as of the date of exec	visor understands that the information Any previously submitted applications	,			
Donor- Advisor Signature		Date			
Donor- Advisor Signature		Date			

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Change Form: Donor-Advisor

Donor Information:						
First name Last name						
Fund name		Fund ID				
Email			Phone	1		
Address						
City		State				Zip Code
Please select an action: One ad	dition or deletion per form					
Add Donor-Advisor	Remove Donor-Advisor					
Donor-Advisor Information:						
First name		Last name	Last name			
Email		Phone				
Address			.1			
City		State				Zip Code
Signature(s) (Must be signed By executing this change form, t previously submitted conflicting superseded by this form as of th	the donor-advisor understands information. Any previously su	s that the info				
Donor- Advisor Signature					Date	
Donor- Advisor Signature					Date	

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Change Form: Fund Name

Donor Information:

Donor information.					
First name	Last name	Last name			
Fund name		Fund ID			
Email	Phone				
Address					
City	State	Zip Code			
Fund Name Rules:	'	'			
each fund name). The Donor Fund Name variation of American Endowment Founda CRT, CRUT, Unitrust, Charitable Trust, and Contribution, Grantee, Legacy, Scholarship Change Fund name to the following:	ation (including AEF or American Endo d Charitable Remainder Trust), Private	wment), Trust (including			
Old Fund Name:					
New Fund Name:					
Signature(s) (Must be signed by each Don By executing this change form, the donor-ad submitted conflicting information. Any previous form as of the date of execution.	visor understands that the information or	* * * * * * * * * * * * * * * * * * * *			
Donor- Advisor Signature		Date			

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Change Form: Disposition Plan Information

Donor Information:

Fir	First name Last name						
Fu	nd name	I		Fund ID			
Em	nail		Phone				
Ad	ldress						
Cit	ty	State			Zip Code		
Ch	ange Fund Disposition Plan to the following:						
	I/We recommend the Fund to continue on and make grants annually to the following charitable organizations (please describe/attach additional information if needed) – be sure to provide full address and phone number as well as the amount to grant per organization.						
	I/We recommend the Fund to terminate and the proceeds to be granted to the following charitable organizations (please describe/attach additional information if needed) – be sure to provide full address and phone number, as well as the amount of the grant per organization.						
	I/We recommend the following customized disposition plan for the fund (please describe/attach additional information if needed) – be sure to provide full address and phone number, as well as the amount of the grant per organization.						
	I/We recommend the Fund to continue, with AEF's Board or awarding grants to worthy charitable organizations based or	our granting	history.		noth		
Please note: Donor Advised Funds must have either Successor Advisor or Disposition Plan, but not both. By executing this change form, the donor-advisor understands that the information on this form controls over any previously submitted conflicting information. Any previously submitted applications or change forms are hereby superseded by this form as of the date of execution.							
	Donor- Advisor Signature				Date		
	Oonor- Advisor Signature				Date		

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