

## Additional Donor or Advisor Form

Please complete this form to add an additional donor or advisor to your ImpactAssets Donor Advised Fund account and email [clientservice@impactassets.org](mailto:clientservice@impactassets.org) to request a secure messaging link for submission. For other submission options, send the completed form to:

**By Email:** [clientservice@impactassets.org](mailto:clientservice@impactassets.org)

**By Fax:** 301.263.7998

**By Mail:** ImpactAssets

4340 East West Highway, Suite 210

Bethesda, MD 20814

Telephone: 855.482.2946

## Account Information

ImpactAssets Donor Advised Fund Account Name

ImpactAssets Donor Advised Fund Account ID

## Additional Donor Information

The Donors of the account have full and equal rights to recommend grant distributions and to elect the successors of the account.

### Additional Donor #1

(Primary recipient for all account communication)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other

### Additional Donor #2

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other

Name (First, Middle, Last)

Name (First, Middle, Last)

Social Security No.

Date of Birth

Social Security No.

Date of Birth

Home Address (must not contain P.O. Box)

Home Address (must not contain P.O. Box)

City

State

Post Code

City

State

Post Code

Business Phone

Home Phone

Business Phone

Home Phone

Email

Mother's Maiden Name

Email

Mother's Maiden Name

## Donor Notifications

The Additional Donors will receive email statements unless you check the box(es) below.

☐ **Additional Donor 1:** I wish to receive paper statements instead of electronic.

☐ **Additional Donor 2:** I wish to receive paper statements instead of electronic.

## Remove Existing Donor

The following individual(s) should no longer have access to the account.

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Name (First, Middle, Last)

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Name (First, Middle, Last)

## Advisor

The Donor(s) of the account may give professional advisors (such as financial advisors, CPAs, attorneys, etc.) access to the account.

Advisor Name	Title	Firm
Mailing Address	City	State Post Code
Email	Daytime Phone	

This individual has:

- ☐ **Full Access** (authority to recommend grants and investment allocation, and receive statements)
- ☐ **Read Only** (can see grants and account activity, and receive statements)

## Advisor Notifications

Your advisor will receive email notifications that your statement is available for download unless you check the box below to receive paper statements.

- ☐ **My advisor wishes to receive paper statements instead of electronic.**

## Remove Existing Advisor

The following individual(s) should no longer have access to the account.

Advisor Name	Advisor Name
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## Signatures

I acknowledge that I have read the Program Circular and agree to the terms and/or conditions described therein. I understand that any contribution, once accepted by ImpactAssets, Inc. represents an irrevocable contribution and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate, and I will promptly notify ImpactAssets, Inc. in writing of any changes. (Please attach any additional donor signatures.)

Primary Donor Signature	Name (Please Print)	Date
Additional Donor 1 Signature	Name (Please Print)	Date
Additional Donor 2 Signature	Name (Please Print)	Date