

Form purpose:

Document your charitable legacy plan and request the annual distribution of account assets after the death of the last remaining donor-advisor. A \$10,000 minimum account balance is required at the time of activation.

Mail form to:

The T. Rowe Price
Program for Charitable Giving
P.O. Box 17115
Baltimore, MD 21297-1115

Expedite by fax:

800-619-9262

Questions?

800-690-0438
ProgramForGiving.org

1 ACCOUNT INFORMATION

Donor-Advisor Name(s)	
Program Account Name	Program Account Number

2 ACCOUNT DURATION AND ANNUAL DISTRIBUTION PERCENTAGE

If no duration (term length) is stated, ongoing grants to beneficiaries will continue in perpetuity. (The Program reserves the right to distribute in a lump sum if the account balance falls below \$5,000.) All grants are subject to the standard grant minimum amount.

Term Length
Total Annual Percentage of Account Balance (minimum 5% or applicable IRS minimum percentage) to Be Distributed to Recommended Beneficiaries

3 BENEFICIARY ORGANIZATION

List the IRS-qualified public charities that should receive recurring annual grants upon activation. Prior to releasing any grant payments, the Program will complete its due diligence to ensure the beneficiary is still eligible per Program guidelines. If a beneficiary is no longer eligible, the balance designated for that beneficiary shall be distributed to the remaining qualified beneficiaries in the recommended proportions. If only one beneficiary is named and it becomes disqualified, the account balance will be transferred to the Program's General Giving Fund.

Organization Name 1		Tax ID Number	Phone	
Address		City	State	ZIP Code
Website Address (if known)	Gift Purpose (optional)		Percent of Total Annual Distribution %	

Organization Name 2		Tax ID Number	Phone	
Address		City	State	ZIP Code
Website Address (if known)	Gift Purpose (optional)		Percent of Total Annual Distribution %	

Organization Name 3		Tax ID Number	Phone
Address		City	State ZIP Code
Website Address (if known)	Gift Purpose (optional)		Percent of Total Annual Distribution %

Organization Name 4		Tax ID Number	Phone
Address		City	State ZIP Code
Website Address (if known)	Gift Purpose (optional)		Percent of Total Annual Distribution %

For more beneficiaries, check this box and attach a separate page.



Must total 100%

4 GRANT RECOGNITION

Check one: Account Name Only Anonymous

5 SIGNATURE(S)

I understand that The T. Rowe Price Program for Charitable Giving does not intend to confer or constitute a contractual, trust, or other fiduciary relationship with participating donor-advisors or grant recipients or any person, and the Program's Board of Directors may modify, amend, or eliminate the charitable legacy policy at any time.

Donor-Advisor	Donor-Advisor (if applicable)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
 X	 X