



# Successor or Charitable Beneficiary Information Form

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## Current Information: (Please complete or correct any information below)

United Charitable Account Number and Name: \_\_\_\_\_

Fund Advisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: (required for online access) \_\_\_\_\_

## Successor Fund Advisor Information

### Successor Primary Advisor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile #: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_



**Charitable Beneficiaries:**

(1) I would like \_\_\_\_\_ (% or \$) distributed to the following charity:

Charity Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

One-Time

\_\_\_\_\_

Annually on Balance

Office #: \_\_\_\_\_

Annually on Earnings

(2) I would like \_\_\_\_\_ (% or \$) distributed to the following charity:

Charity Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

One-Time

\_\_\_\_\_

Annually on Balance

Office #: \_\_\_\_\_

Annually on Earnings

(3) I would like \_\_\_\_\_ (% or \$) distributed to the following charity:

Charity Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

One-Time

\_\_\_\_\_

Annually on Balance

Office #: \_\_\_\_\_

Annually on Earnings

Primary Advisor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Primary Advisor Signature: \_\_\_\_\_

*Please attach any additional instructions or directions.*