

Donor-Advised Fund-Change Form

Complete this form to change your donor-advised fund information. You can change the fund name, contact information, advisors and/or successors for an existing donor-advised fund. Please complete and sign the form and return by mail to: New Jersey Health Charitable Gift Fund, 155 Village Blvd, Suite 130, Princeton, NJ 08540. Additional forms are available at www.njhealthcharitable.org or by calling 908-315-5870.

1. Current Donor-Advised Fund Information

Fund Name _____

Primary Advisor _____

2. Donor-Advised Fund Name Change

New Donor-Advised Fund name _____

May we list your new fund name in our Annual Report? Yes No

3. Primary Advisor Change

Any changes to the Primary Advisor's address will become your account's primary address for all correspondence unless otherwise noted.

Mr. Mrs. Ms. Dr.

First Name, MI, Last Name

Date of Birth

Street Address

City/State

Zip code

Email

Primary Telephone #

4. Joint or Secondary Advisor Change(s)

Change, delete or add an Advisor below. To indicate additional changes, please attach a separate sheet.

Change	Delete	Add as a:	Joint Advisor	Secondary Advisor
Mr.	Mrs.	Ms.	Dr.	
_____				_____
First Name, MI, Last Name				Date of Birth

Street Address				
_____				_____
City/State				Zip code
_____				_____
Email				Primary Telephone #

Change	Delete	Add as a:	Joint Advisor	Secondary Advisor
Mr.	Mrs.	Ms.	Dr.	
_____				_____
First Name, MI, Last Name				Date of Birth

Street Address				
_____				_____
City/State				Zip code
_____				_____
Email				Primary Telephone #

5. Successor Advisor or Charitable Beneficiary Change(s)

Change, delete or add a Successor Advisor OR a Charitable Beneficiary below. To indicate additional Successor changes, attach a separate sheet. In the event that a Charitable Beneficiary no longer exists, New Jersey Health Foundation Inc.'s Board of Directors will award grants to a charity whose mission is similar to the original charity.

A. Successor Advisor

Change	Delete	Add	
Mr.	Mrs.	Ms.	Dr.

First Name, MI, Last Name

Date of Birth

Street Address

City/State

Zip code

Email

Primary Telephone #

B. Charitable Beneficiary

Change Delete Add as a Charitable Beneficiary

Option 1: Distribute all remaining assets in the fund to the following charity **OR**

Option 2: Designate a specific percentage to be annually distributed to the charity

Charity Name

Annual % (Option 2 only)

Street Address

City/State

Zip code

Contact name

Telephone #

Employer ID (if known)

6. Acknowledgement of Terms and Signature

By signing below, I consent to the changes included on this form. I certify that, to the best of my knowledge, all information in connection with this form is accurate and I will notify New Jersey Health Charitable Gift Fund in writing of any additional changes.

Form must be signed by the Primary Advisor and Joint Advisor, if any.

Signature

Date

Primary Advisor (please print)

Signature

Date

Joint Advisor (if any) (please print)

Please return this completed form by mail to:

New Jersey Health Charitable Gift Fund
155 Village Blvd, Suite 130 / Princeton, NJ 08540