

BNY MELLON  
CHARITABLE GIFT FUND<sup>SM</sup>

**READ-ONLY ACCESS REQUEST FORM**

This form is used to request online, read-only access to a donor advised fund account. It must be completed for any person not directly affiliated with the account (“Interested Party”).

Please contact the Gift Fund for additional information by calling (888) 213-7605 during normal business hours (Monday-Friday, 8:30am-5:00pm ET) or sending an email to [bnymcharitable@bnymellon.com](mailto:bnymcharitable@bnymellon.com).

When your form is complete, please review it, sign it, and send it via mail, email, overnight delivery or fax to:

BNY Mellon Charitable Gift Fund  
201 Washington Street  
Suite 024-0035  
Boston, MA 02108

Email: [bnymcharitable@bnymellon.com](mailto:bnymcharitable@bnymellon.com)

Fax to (866) 231-7663

**1. DONOR ADVISED FUND ACCOUNT**

*Requesting Online Access to:*

Donor Advised Fund Account Name:

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Donor Advised Fund Account Number:

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Relationship to Primary Adviser or Joint Advisor:

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Reason for Read-Only Access request:

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**2. INTERESTED PARTY INFORMATION**

*Requesting Online Access for:*

Name: (First)                      (Middle)                      (Last):

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Home/Legal Street Address (no P.O. Boxes):

\_\_\_\_\_

City, State, Zip Code:

\_\_\_\_\_

Country (if not United States):

\_\_\_\_\_

Mailing Address (if different from above):

\_\_\_\_\_

City, State, Zip Code:

\_\_\_\_\_

Country (if not United States):

\_\_\_\_\_

Home Telephone Number:

\_\_\_\_\_

Business Telephone Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

### 3. SIGNATURE

I hereby make this request to the BNY Mellon Charitable Gift Fund (“Gift Fund”) with the full understanding of the following:

- I understand that should read-only, online access be granted by the Gift Fund to an Interested Party, said access will remain in effect until the Donor/Primary Adviser or a Joint Adviser for the account notifies the Gift Fund in writing that it is to be terminated.
- I understand that any written request will be provided with sufficient time to give the Gift Fund a reasonable opportunity to act upon it.
- I understand that the read-only, online access for an Interested Party will terminate if the Gift Fund is notified of the death, incapacity, refusal to serve, or other disqualification of the last remaining Primary Adviser or Joint Adviser to this account.

I certify that all information represented in this Read-Only Access Request Form is accurate, true, and complete. I will notify the Gift Fund in writing of any changes to the information represented herein.

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Printed Name of Donor/Primary Adviser or Joint Adviser

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Signature of Donor/Primary Adviser or Joint Adviser

Date