

BESPOKE INVESTMENT REQUEST

For donor-advised funds (DAFs) with a balance of £500,000 or more (or \$800,000 or more) you may recommend an independent investment advisor to develop and implement investment strategies for your DAF, subject to NPT Transatlantic's review and approval. Investments are required to conform to NPT Transatlantic's Investment Policy Guidelines upon initial investment and on an ongoing basis.

1 DONOR-ADVISED FUND INFORMATION

DONOR-ADVISED FUND NAME

DONOR-ADVISED FUND ACCOUNT NUMBER (IF KNOWN)

2 INVESTMENT RECOMMENDATION

In this section you may recommend a specific investment manager, a specific investment strategy, or specific securities. Please detail your recommendation below. Attach additional pages if necessary.

INVESTMENT MANAGER/ADVISOR

INSTITUTION NAME

STREET ADDRESS

CITY

POSTAL CODE

CONTACT NAME

EMAIL

DISCRETIONARY INVESTMENT STRATEGY

SPECIFIC TRANSACTIONS

| NAME | IDENTIFIER | STOCK EXCHANGE | PERCENT ALLOCATION |
|------|------------|----------------|--------------------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | TOTAL 100% |

3 ACKNOWLEDGEMENT OF TERMS

I understand that my gifts of property are irrevocable and unconditional contributions when received and accepted by NPT Transatlantic, and that NPT Transatlantic retains exclusive legal control over contributed assets. I acknowledge that NPT Transatlantic will take under advisement the investment recommendation, but reserves the right to change the investment allocation under any circumstances. I certify that, to the best of my knowledge, all information in connection with this investment request form is accurate, that it is a recommendation subject to NPT Transatlantic's review and approval, and that all transactions executed by NPT Transatlantic are final. I acknowledge that I have read the NPT Transatlantic Donor-Advised Fund Reference Guide and agree to the terms and/or conditions contained therein, and that I will notify NPT Transatlantic in writing of any changes.

PRIMARY/JOINT/AUTHORISED SECONDARY ADVISOR SIGNATURE

DATE (DD/MM/YYYY)

NAME (PRINT)

RETURN TO forms@npttransatlantic.org

For more information | enquiries@nptuk.org | +44 (0)800 133 7540 | www.nptuk.org