

DONOR-ADVISED FUND LEGAL ENTITY APPLICATION

INSTRUCTIONS: This Application is the initial step in establishing a donor-advised fund (DAF) with NPT Transatlantic. Please provide information about the entity establishing the DAF and the individuals who will be responsible for the DAF. The completed DAF Application and scanned copies of the passports of the Primary and Joint Advisors should be returned to forms@npttransatlantic.org.

1 DONOR-ADVISED FUND NAME

Choose a name for the DAF. You may name it for your organisation or company (e.g., "The ABC Corporation Fund") or for a particular charitable purpose (e.g., "Save the Rain Forests Fund").

DONOR-ADVISED FUND NAME

2 ACCOUNT CURRENCY

Choose the account currency for the DAF: GBP (Default) USD

3 PRIMARY AND JOINT ADVISORS

PRIMARY ADVISOR

Identify the Primary Advisor for the DAF. The Primary Advisor is typically the CEO of the entity establishing the DAF account. The Primary Advisor has the authority to recommend grants and investment allocations and to name and remove Joint Advisors.

NAME (FIRST, MIDDLE INITIAL, LAST)

STREET ADDRESS

CITY STATE (US ONLY) POSTAL CODE

COUNTRY

EMAIL

PRIMARY TELEPHONE NUMBER

YEAR OF BIRTH (YYYY) JOB TITLE

ONLINE ACCESS

Please enter the Primary Advisor's preferred DonorView user ID:

DONORVIEW USER ID

JOINT ADVISOR

Your organisation may name an individual Advisor to the fund that has the authority to recommend grants and investment allocations and view fund information. Joint Advisors are typically officers of the entity establishing the DAF account.

NAME (FIRST, MIDDLE INITIAL, LAST)

STREET ADDRESS

CITY STATE (US ONLY) POSTAL CODE

COUNTRY

EMAIL

PRIMARY TELEPHONE NUMBER

YEAR OF BIRTH (YYYY) JOB TITLE

ONLINE ACCESS

Please enter the Joint Advisor's preferred DonorView user ID:

DONORVIEW USER ID

4 ENTITY INFORMATION

Identify the type of entity that owns the assets being donated. Additional documentation may be required. (e.g. articles of incorporation, resolutions, trusts instruments, partnership deed, etc.)

Corporation

Partnership

Limited Liability Company

Trust (non-charitable)

Charitable Entity (including Charitable Trusts). If this charitable entity is a US private foundation, please also check this box

OTHER (PLEASE SPECIFY)

LEGAL ENTITY NAME YEAR OF ORGANISATION

REGISTERED ADDRESS

CITY STATE (US ONLY) POSTAL CODE

COUNTRY

COMPANY NUMBER (EIN IF IN US)

WEBSITE

MAIN BUSINESS ADDRESS (IF DIFFERENT FROM REGISTERED ADDRESS)

CITY STATE (US ONLY) POSTAL CODE

COUNTRY

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5 CONTRIBUTION ASSET INFORMATION

Please indicate the type(s) and the amount of your gift. For specific bank transfer/wire transfer instructions, please see the document *How to Make a Contribution* or contact NPT Transatlantic.

CASH

If gifting cash:

Bank Transfer/Wire Other (contact NPT Transatlantic)

£ _____
AMOUNT OF TRANSFER (GBP)

\$ _____
AMOUNT OF TRANSFER (USD)

ACCOUNT NAME AT TRANSFERRING INSTITUTION _____

ACCOUNT NUMBER AT TRANSFERRING INSTITUTION (OPTIONAL) _____

TRANSFERRING INSTITUTION _____

COUNTRY OF TRANSFERRING INSTITUTION _____

If gifting cash from another donor-advised fund or charitable entity:

Bank Transfer/Wire Other (contact NPT Transatlantic)

£ _____
AMOUNT OF TRANSFER (GBP)

\$ _____
AMOUNT OF TRANSFER (USD)

TRANSFERRING INSTITUTION _____

COUNTRY OF TRANSFERRING INSTITUTION _____

SHARES AND OTHER PUBLICLY TRADED SECURITIES

If gifting shares, securities, bonds or mutual funds, please complete the section below.

NAME OF STOCK/BOND/MUTUAL FUND _____

SYMBOL/SEDOL/CUSIP NUMBER OF SHARES/UNITS

NAME OF TRANSFERRING INSTITUTION _____

COUNTRY OF TRANSFERRING INSTITUTION _____

ACCOUNT NAME AT TRANSFERRING INSTITUTION _____

ACCOUNT NUMBER AT TRANSFERRING INSTITUTION (OPTIONAL) _____

NAME OF STOCK/BOND/MUTUAL FUND _____

SYMBOL/SEDOL/CUSIP NUMBER OF SHARES/UNITS

NAME OF TRANSFERRING INSTITUTION _____

COUNTRY OF TRANSFERRING INSTITUTION _____

ACCOUNT NAME AT TRANSFERRING INSTITUTION _____

ACCOUNT NUMBER AT TRANSFERRING INSTITUTION (OPTIONAL) _____

NAME OF STOCK/BOND/MUTUAL FUND _____

SYMBOL/SEDOL/CUSIP NUMBER OF SHARES/UNITS

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ACCOUNT NAME AT TRANSFERRING INSTITUTION _____

ACCOUNT NUMBER AT TRANSFERRING INSTITUTION (OPTIONAL) _____

NAME OF STOCK/BOND/MUTUAL FUND _____

SYMBOL/SEDOL/CUSIP NUMBER OF SHARES/UNITS

NAME OF TRANSFERRING INSTITUTION _____

COUNTRY OF TRANSFERRING INSTITUTION _____

ACCOUNT NAME AT TRANSFERRING INSTITUTION _____

ACCOUNT NUMBER AT TRANSFERRING INSTITUTION (OPTIONAL) _____

RESTRICTED STOCK

Please contact NPT Transatlantic for assistance.

NAME OF STOCK _____ NUMBER OF SHARES _____

GIFTS OF OTHER TYPES OF ASSETS

Other types of gifts may include real estate, alternative investments (hedge fund or private equity interests), and other types of illiquid assets such as private C- and S-Corp stock, limited partnership interests, and other privately-held assets. Please contact NPT Transatlantic for assistance.

DESCRIPTION OF ASSET _____

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6 ACKNOWLEDGEMENT OF TERMS

I acknowledge and agree that the DAF is offered pursuant to the terms and conditions contained in the NPT Transatlantic Donor-Advised Fund Reference Guide. I acknowledge and agree that any contribution is an irrevocable charitable donation when received and accepted by NPT Transatlantic, and NPT Transatlantic retains exclusive legal control over all contributed assets. Furthermore, I understand and agree that NPT Transatlantic has the final approval over any grant and investment allocation recommendations. I hereby certify that, to the best of my knowledge, all information presented in connection with this Application is accurate, and I will promptly notify NPT Transatlantic in writing of any changes.

Primary Advisor and Joint Advisor, if applicable, are required to sign below.

PRIMARY ADVISOR SIGNATURE

DATE (DD/MM/YYYY)

NAME (PRINT)

JOB TITLE

JOINT ADVISOR SIGNATURE

DATE (DD/MM/YYYY)

NAME (PRINT)

JOB TITLE

DOCUMENTATION REQUIRED

- Donor-Advised Fund Application (this form)
- Scanned copy of the passports of the Primary and Joint Advisors
- Bespoke Investment Request (if applicable)
- Investment Allocation (if applicable)

RETURN TO forms@npttransatlantic.org

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