

# DONOR-ADVISED FUND UPDATE



**INSTRUCTIONS:** Complete this form to update your donor-advised fund information. You can change the fund name, contact information, advisors or successors for an existing donor-advised fund. It is not necessary to enter information that has not changed.

## 1 CURRENT DONOR-ADVISED FUND INFORMATION

DONOR-ADVISED FUND NAME	DONOR-ADVISED FUND NUMBER
PRIMARY OR JOINT ACCOUNT ADVISOR	

## 2 DONOR-ADVISED FUND NAME UPDATE

NEW DONOR-ADVISED FUND NAME
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## 3 PRIMARY AND JOINT ADVISORS

PRIMARY ADVISOR UPDATE			JOINT ADVISOR UPDATE		
UPDATE	DELETE	ADD	UPDATE	DELETE	ADD
<input type="checkbox"/>			<input type="checkbox"/>		
NAME (FIRST, MIDDLE INITIAL, LAST)			NAME (FIRST, MIDDLE INITIAL, LAST)		
STREET ADDRESS			STREET ADDRESS		
CITY		POSTAL CODE	CITY		POSTAL CODE
COUNTRY			COUNTRY		
EMAIL			EMAIL		
PRIMARY TELEPHONE NUMBER		YEAR OF BIRTH (YYYY)	PRIMARY TELEPHONE NUMBER		YEAR OF BIRTH (YYYY)

PRIMARY ADVISOR UPDATE			JOINT ADVISOR UPDATE		
UPDATE	DELETE	ADD	UPDATE	DELETE	ADD
<input type="checkbox"/>			<input type="checkbox"/>		
NAME (FIRST, MIDDLE INITIAL, LAST)			NAME (FIRST, MIDDLE INITIAL, LAST)		
STREET ADDRESS			STREET ADDRESS		
CITY		POSTAL CODE	CITY		POSTAL CODE
COUNTRY			COUNTRY		
EMAIL			EMAIL		
PRIMARY TELEPHONE NUMBER		YEAR OF BIRTH (YYYY)	PRIMARY TELEPHONE NUMBER		YEAR OF BIRTH (YYYY)

## 4 SECONDARY ADVISOR(S)

UPDATE	DELETE	ADD	CHANGE ACCESS	UPDATE	DELETE	ADD	CHANGE ACCESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME (FIRST, MIDDLE INITIAL, LAST)				NAME (FIRST, MIDDLE INITIAL, LAST)			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE (US ONLY)	POSTAL CODE	CITY		STATE (US ONLY)	POSTAL CODE
COUNTRY				COUNTRY			
EMAIL				EMAIL			
PRIMARY TELEPHONE NUMBER			YEAR OF BIRTH (YYYY)	PRIMARY TELEPHONE NUMBER			YEAR OF BIRTH (YYYY)

Read only access permits Secondary Advisor to view DAF information online  
Full access permits Secondary Advisor to recommend investment allocation and grants

Read only access permits Secondary Advisor to view DAF information online  
Full access permits Secondary Advisor to recommend investment allocation and grants

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## 5 SUCCESSION PLAN

You may name individuals as Successor Advisors to succeed the Primary and Joint Advisors upon their death and/or you may name Charitable Beneficiaries to receive DAF assets following the death of the Primary and Joint Advisors. You may name Successor Advisors on the existing DAF or instruct that new DAFs be created for Successor Advisors. **THE COMBINED PERCENTAGE ALLOCATION MUST TOTAL 100%**

% **TO BE RETAINED IN EXISTING DAF**

**SUCCESSOR ADVISOR**

NAME (FIRST, MIDDLE INITIAL, LAST) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ EMAIL \_\_\_\_\_

PRIMARY TELEPHONE NUMBER \_\_\_\_\_ YEAR OF BIRTH (YYYY) \_\_\_\_\_

% **TO BE ALLOCATED TO A NEW DAF**  
Each new DAF must be funded with £250,000.

**SUCCESSOR ADVISOR**

NAME (FIRST, MIDDLE INITIAL, LAST) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ EMAIL \_\_\_\_\_

PRIMARY TELEPHONE NUMBER \_\_\_\_\_ YEAR OF BIRTH (YYYY) \_\_\_\_\_

% **TO BE ALLOCATED TO A NEW DAF**  
Each new DAF must be funded with £250,000.

**SUCCESSOR ADVISOR**

NAME (FIRST, MIDDLE INITIAL, LAST) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ EMAIL \_\_\_\_\_

PRIMARY TELEPHONE NUMBER \_\_\_\_\_ YEAR OF BIRTH (YYYY) \_\_\_\_\_

% **TO BE ALLOCATED TO A NEW DAF**  
Each new DAF must be funded with £250,000.

**SUCCESSOR ADVISOR**

NAME (FIRST, MIDDLE INITIAL, LAST) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ EMAIL \_\_\_\_\_

PRIMARY TELEPHONE NUMBER \_\_\_\_\_ YEAR OF BIRTH (YYYY) \_\_\_\_\_

% **TO BE ALLOCATED TO A CHARITABLE BENEFICIARY**

**CHARITABLE BENEFICIARY**

CHARITY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ CHARITY NUMBER \_\_\_\_\_

PRIMARY TELEPHONE NUMBER \_\_\_\_\_

Distribute \_\_\_\_ % annually to the above named charity  
Distribute as a one-time grant

% **TO BE ALLOCATED TO A CHARITABLE BENEFICIARY**

**CHARITABLE BENEFICIARY**

CHARITY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ CHARITY NUMBER \_\_\_\_\_

PRIMARY TELEPHONE NUMBER \_\_\_\_\_

Distribute \_\_\_\_ % annually to the above named charity  
Distribute as a one-time grant

% **TO BE ALLOCATED TO A CHARITABLE BENEFICIARY**

**CHARITABLE BENEFICIARY**

CHARITY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ CHARITY NUMBER \_\_\_\_\_

PRIMARY TELEPHONE NUMBER \_\_\_\_\_

Distribute \_\_\_\_ % annually to the above named charity  
Distribute as a one-time grant

% **TO BE ALLOCATED TO A CHARITABLE BENEFICIARY**

**CHARITABLE BENEFICIARY**

CHARITY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_ CHARITY NUMBER \_\_\_\_\_

PRIMARY TELEPHONE NUMBER \_\_\_\_\_

Distribute \_\_\_\_ % annually to the above named charity  
Distribute as a one-time grant

# DONOR-ADVISED FUND UPDATE



## 6 ACKNOWLEDGEMENT OF TERMS

I certify that, to the best of my knowledge, all information in connection with this form is accurate and I will notify NPT UK in writing of any changes.

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SIGNATURE

DATE (DD/MM/YYYY)

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PRIMARY OR JOINT ADVISOR (PRINT NAME)

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**RETURN TO [forms@nptuk.org](mailto:forms@nptuk.org)**

For more information | [enquiries@nptuk.org](mailto:enquiries@nptuk.org) | +44 (0)800 133 7540 | [www.nptuk.org](http://www.nptuk.org)