

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

<hr/> <small>DONOR-ADVISED FUND NAME</small>	<hr/> <small>DONOR-ADVISED FUND NUMBER</small>
<hr/> <small>PRIMARY OR JOINT ACCOUNT ADVISOR</small>	

2 DONOR-ADVISED FUND NAME UPDATE

NEW DONOR-ADVISED FUND NAME

3 PRIMARY AND JOINT ADVISORS

<p>PRIMARY ADVISOR UPDATE</p> <p>UPDATE DELETE ADD</p> <hr/> <small>NAME (FIRST, MIDDLE INITIAL, LAST)</small> <hr/> <small>STREET ADDRESS</small> <hr/> <small>CITY</small> <small>STATE (US ONLY)</small> <small>POSTAL CODE</small> <hr/> <small>COUNTRY</small> <hr/> <small>EMAIL</small> <hr/> <small>PRIMARY TELEPHONE NUMBER</small> <small>YEAR OF BIRTH (YYYY)</small>	<p>JOINT ADVISOR UPDATE</p> <p>UPDATE DELETE ADD</p> <hr/> <small>NAME (FIRST, MIDDLE INITIAL, LAST)</small> <hr/> <small>STREET ADDRESS</small> <hr/> <small>CITY</small> <small>STATE (US ONLY)</small> <small>POSTAL CODE</small> <hr/> <small>COUNTRY</small> <hr/> <small>EMAIL</small> <hr/> <small>PRIMARY TELEPHONE NUMBER</small> <small>YEAR OF BIRTH (YYYY)</small>
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<p>PRIMARY ADVISOR UPDATE</p> <p>UPDATE DELETE ADD</p> <hr/> <small>NAME (FIRST, MIDDLE INITIAL, LAST)</small> <hr/> <small>STREET ADDRESS</small> <hr/> <small>CITY</small> <small>STATE (US ONLY)</small> <small>POSTAL CODE</small> <hr/> <small>COUNTRY</small> <hr/> <small>EMAIL</small> <hr/> <small>PRIMARY TELEPHONE NUMBER</small> <small>YEAR OF BIRTH (YYYY)</small>	<p>JOINT ADVISOR UPDATE</p> <p>UPDATE DELETE ADD</p> <hr/> <small>NAME (FIRST, MIDDLE INITIAL, LAST)</small> <hr/> <small>STREET ADDRESS</small> <hr/> <small>CITY</small> <small>STATE (US ONLY)</small> <small>POSTAL CODE</small> <hr/> <small>COUNTRY</small> <hr/> <small>EMAIL</small> <hr/> <small>PRIMARY TELEPHONE NUMBER</small> <small>YEAR OF BIRTH (YYYY)</small>
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4 SECONDARY ADVISOR(S)

<p>UPDATE DELETE ADD CHANGE ACCESS</p> <hr/> <small>NAME (FIRST, MIDDLE INITIAL, LAST)</small> <hr/> <small>STREET ADDRESS</small> <hr/> <small>CITY</small> <small>STATE (US ONLY)</small> <small>POSTAL CODE</small> <hr/> <small>COUNTRY</small> <hr/> <small>EMAIL</small> <hr/> <small>PRIMARY TELEPHONE NUMBER</small> <small>YEAR OF BIRTH (YYYY)</small>	<p>UPDATE DELETE ADD CHANGE ACCESS</p> <hr/> <small>NAME (FIRST, MIDDLE INITIAL, LAST)</small> <hr/> <small>STREET ADDRESS</small> <hr/> <small>CITY</small> <small>STATE (US ONLY)</small> <small>POSTAL CODE</small> <hr/> <small>COUNTRY</small> <hr/> <small>EMAIL</small> <hr/> <small>PRIMARY TELEPHONE NUMBER</small> <small>YEAR OF BIRTH (YYYY)</small>
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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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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 _____ STATE (US ONLY) _____ 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 £50,000 or \$80,000.

SUCCESSOR ADVISOR

NAME (FIRST, MIDDLE INITIAL, LAST) _____

STREET ADDRESS _____

CITY _____ STATE (US ONLY) _____ POSTAL CODE _____

COUNTRY _____ EMAIL _____

PRIMARY TELEPHONE NUMBER _____ YEAR OF BIRTH (YYYY) _____

% **TO BE ALLOCATED TO A NEW DAF**
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SUCCESSOR ADVISOR

NAME (FIRST, MIDDLE INITIAL, LAST) _____

STREET ADDRESS _____

CITY _____ STATE (US ONLY) _____ 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 £50,000 or \$80,000.

SUCCESSOR ADVISOR

NAME (FIRST, MIDDLE INITIAL, LAST) _____

STREET ADDRESS _____

CITY _____ STATE (US ONLY) _____ 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 _____ STATE (US ONLY) _____ POSTAL CODE _____

COUNTRY _____ CHARITY NUMBER (EIN FOR US CHARITY) _____

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 _____ STATE (US ONLY) _____ POSTAL CODE _____

COUNTRY _____ CHARITY NUMBER (EIN FOR US CHARITY) _____

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 _____ STATE (US ONLY) _____ POSTAL CODE _____

COUNTRY _____ CHARITY NUMBER (EIN FOR US CHARITY) _____

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 _____ STATE (US ONLY) _____ POSTAL CODE _____

COUNTRY _____ CHARITY NUMBER (EIN FOR US CHARITY) _____

PRIMARY TELEPHONE NUMBER _____

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

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 Transatlantic in writing of any changes.

SIGNATURE

DATE (DD/MM/YYYY)

PRIMARY OR JOINT ADVISOR (PRINT NAME)

RETURN TO forms@nptransatlantic.org

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