

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. Please note: if you are adding new advisor(s), we will require scanned copies of the passports of the primary, joint and secondary advisors if you select full access.

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

3 PRIMARY AND JOINT ADVISORS

PRIMARY ADVISOR UPDATE			JOINT ADVISOR UPDATE		
UPDATE	DELETE	ADD	UPDATE	DELETE	ADD
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		DATE OF BIRTH (DD/MM/YYYY)	PRIMARY TELEPHONE NUMBER		DATE OF BIRTH (DD/MM/YYYY)

PRIMARY ADVISOR UPDATE			JOINT ADVISOR UPDATE		
UPDATE	DELETE	ADD	UPDATE	DELETE	ADD
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		DATE OF BIRTH (DD/MM/YYYY)	PRIMARY TELEPHONE NUMBER		DATE OF BIRTH (DD/MM/YYYY)

4 SECONDARY ADVISOR(S)

UPDATE	DELETE	ADD	CHANGE ACCESS	UPDATE	DELETE	ADD	CHANGE ACCESS
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		DATE OF BIRTH (DD/MM/YYYY)		PRIMARY TELEPHONE NUMBER		DATE OF BIRTH (DD/MM/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%**

5a % 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) _____

SUCCESSOR ADVISOR

NAME (FIRST, MIDDLE INITIAL, LAST) _____

STREET ADDRESS _____

CITY _____ POSTAL CODE _____

COUNTRY _____ EMAIL _____

PRIMARY TELEPHONE NUMBER _____ YEAR OF BIRTH (YYYY) _____

5b % TO BE ALLOCATED IN 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 IN 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) _____

5c % 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

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6 ACKNOWLEDGEMENT OF TERMS

I/we understand that these changes will be subject to all terms that apply to the donor-advised fund. 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.

SIGNATURE

DATE (DD/MM/YYYY)

PRIMARY OR JOINT ADVISOR (PRINT NAME)

RETURN TO forms@nptuk.org

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