

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 ACCOUNT CURRENCY

Change the account currency for the DAF: GBP USD Both GBP and USD

Each NPT Transatlantic donor-advised fund includes a GBP account and a USD account. If GBP is chosen above, the GBP account will be the principal account and any contributions received in USD will be transferred to the GBP account. If USD is chosen above, the USD account will be the principal account and any contributions received in GBP (including Gift Aid) will be transferred to the USD account. If you choose both, we understand that you wish to accumulate balances in both the GBP and USD accounts. GBP contributions will remain in the GBP account and USD contributions will remain in the USD account. If you choose both, standard charitable administration fees apply to each account.

4 PRIMARY AND JOINT ADVISORS

PRIMARY ADVISOR UPDATE

UPDATE DELETE ADD

NAME (TITLE, FIRST, MIDDLE INITIAL, LAST) _____

STREET ADDRESS _____

CITY _____ STATE (US ONLY) _____ POSTAL CODE _____

COUNTRY _____

EMAIL (REQUIRED FOR ONLINE ACCESS) _____

TELEPHONE NUMBER (REQUIRED FOR ONLINE ACCESS) _____

JOINT ADVISOR UPDATE

UPDATE DELETE ADD

NAME (TITLE, FIRST, MIDDLE INITIAL, LAST) _____

STREET ADDRESS _____

CITY _____ STATE (US ONLY) _____ POSTAL CODE _____

COUNTRY _____

EMAIL (REQUIRED FOR ONLINE ACCESS) _____

TELEPHONE NUMBER (REQUIRED FOR ONLINE ACCESS) _____

PRIMARY ADVISOR UPDATE

UPDATE DELETE ADD

NAME (TITLE, FIRST, MIDDLE INITIAL, LAST) _____

STREET ADDRESS _____

CITY _____ STATE (US ONLY) _____ POSTAL CODE _____

COUNTRY _____

EMAIL (REQUIRED FOR ONLINE ACCESS) _____

TELEPHONE NUMBER (REQUIRED FOR ONLINE ACCESS) _____

JOINT ADVISOR UPDATE

UPDATE DELETE ADD

NAME (TITLE, FIRST, MIDDLE INITIAL, LAST) _____

STREET ADDRESS _____

CITY _____ STATE (US ONLY) _____ POSTAL CODE _____

COUNTRY _____

EMAIL (REQUIRED FOR ONLINE ACCESS) _____

TELEPHONE NUMBER (REQUIRED FOR ONLINE ACCESS) _____

DONOR-ADVISED FUND UPDATE

5 SECONDARY ADVISOR(S)

UPDATE DELETE ADD CHANGE ACCESS

UPDATE DELETE ADD CHANGE ACCESS

NAME (TITLE, FIRST, MIDDLE INITIAL, LAST)

STREET ADDRESS

CITY STATE (US ONLY) POSTAL CODE

COUNTRY

EMAIL (REQUIRED FOR ONLINE ACCESS)

TELEPHONE NUMBER (REQUIRED FOR ONLINE ACCESS)

NAME (TITLE, FIRST, MIDDLE INITIAL, LAST)

STREET ADDRESS

CITY STATE (US ONLY) POSTAL CODE

COUNTRY

EMAIL (REQUIRED FOR ONLINE ACCESS)

TELEPHONE NUMBER (REQUIRED FOR ONLINE ACCESS)

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

6 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%**

6a % TO BE RETAINED IN EXISTING DAF

SUCCESSOR ADVISOR

NAME (TITLE, FIRST, MIDDLE INITIAL, LAST)

STREET ADDRESS

CITY STATE (US ONLY) POSTAL CODE

COUNTRY EMAIL

TELEPHONE NUMBER YEAR OF BIRTH (YYYY)

SUCCESSOR ADVISOR

NAME (TITLE, FIRST, MIDDLE INITIAL, LAST)

STREET ADDRESS

CITY STATE (US ONLY) POSTAL CODE

COUNTRY EMAIL

TELEPHONE NUMBER YEAR OF BIRTH (YYYY)

6b % TO BE ALLOCATED IN A NEW DAF
Each new DAF must be funded with £50,000 or \$80,000.

SUCCESSOR ADVISOR

NAME (TITLE, FIRST, MIDDLE INITIAL, LAST)

STREET ADDRESS

CITY STATE (US ONLY) POSTAL CODE

COUNTRY EMAIL

TELEPHONE NUMBER YEAR OF BIRTH (YYYY)

% TO BE ALLOCATED IN A NEW DAF
Each new DAF must be funded with £50,000 or \$80,000.

SUCCESSOR ADVISOR

NAME (TITLE, FIRST, MIDDLE INITIAL, LAST)

STREET ADDRESS

CITY STATE (US ONLY) POSTAL CODE

COUNTRY EMAIL

TELEPHONE NUMBER YEAR OF BIRTH (YYYY)

DONOR-ADVISED FUND UPDATE

5c CHARITABLE BENEFICIARIES

Designate one or more charities to receive a lump-sum grant at the time of Succession Plan activation. If a charitable beneficiary is not eligible to receive a grant at the time of Succession Plan activation, designated assets will be reallocated among the remaining charities.

% 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) _____

TELEPHONE NUMBER _____

% 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) _____

TELEPHONE NUMBER _____

% 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) _____

TELEPHONE NUMBER _____

% 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) _____

TELEPHONE NUMBER _____

7 ACKNOWLEDGMENT 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 Transatlantic in writing of any changes.

SIGNATURE _____ DATE (DD/MM/YYYY) _____

PRIMARY OR JOINT ADVISOR (PRINT NAME) _____

RETURN TO forms@npttransatlantic.org

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