

BESPOKE INVESTMENT RECOMMENDATION

For donor-advised funds (DAFs) with a balance of £500,000 or more (or \$800,000 or more), you may recommend a bespoke investment, subject to NPT Transatlantic's review and approval. Investments are required to conform to NPT Transatlantic's Investment Policy Guidelines upon initial investment and on an ongoing basis.

1 DONOR-ADVISED FUND INFORMATION

DONOR-ADVISED FUND NAME

DONOR-ADVISED FUND ACCOUNT NUMBER (IF KNOWN)

2 SEGREGATED DISCRETIONARY INVESTMENT

Please complete this section if you would like the DAF assets to be managed in a segregated discretionary investment account. The Investment Manager is assigned the investment decision-making responsibility subject to compliance with the NPT Transatlantic Investment Policy Guidelines.

INVESTMENT MANAGER INFORMATION

INSTITUTION NAME

CONTACT NAME

STREET ADDRESS

EMAIL

CITY

POSTAL CODE

PROPOSED INVESTMENT

Please provide details of the proposed investment strategy (if known). We will contact the investment manager to obtain further information regarding the investment (strategy details, benchmarks, track record, fees, custodian, etc). If left blank, NPT Transatlantic will ask the Investment Manager to recommend an investment strategy.

3 ACKNOWLEDGMENT OF TERMS

I understand that my gifts of assets are irrevocable and unconditional contributions when received and accepted by NPT Transatlantic, and that NPT Transatlantic retains exclusive legal control over contributed assets. I certify that, to the best of my knowledge, all information in connection with this investment recommendation form is accurate, that it is a recommendation subject to NPT Transatlantic's review and approval, and that all transactions executed by NPT Transatlantic are final.

I understand that any requested changes in the investments should be made as a new investment recommendation to NPT Transatlantic and that I cannot provide instructions to the investment manager.

I acknowledge that I have read the NPT Transatlantic Donor-Advised Fund Reference Guide and agree to the terms and/or conditions contained therein.

PRIMARY/JOINT/AUTHORISED SECONDARY ADVISOR SIGNATURE

DATE (DD/MM/YYYY)

NAME (PRINT)

RETURN TO forms@npttransatlantic.org

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