



Complete this form and a **Contribution Agreement** to open a donor advised fund with National Philanthropic Trust (NPT) and make your first contribution of **\$25,000 or more**. Additional forms are available at www.nptrust.org. For assistance, please contact NPT toll-free at **(888) 878-7900**.

1. Donor Advised Fund

Choose a name for your donor advised fund. You may name it for yourself, for your family (“*The Smith Family Charitable Fund*”), in memory of someone, or for a particular charitable purpose (“*Save the Rain Forests Fund*”).

Fund Name: _____

2. Primary Advisor

Identify the Primary Advisor for the fund; this typically is also the Primary Donor to the fund.

Mr./Mrs./Ms./Dr. _____ / / _____
Name (first, middle initial, last) Date of Birth (month/day/year)

Address: _____ - - _____
Social Security Number

City/State/Zip: _____ () - _____
Primary Telephone Number

E-mail: _____

3. Joint Advisor

You may name an individual (such as a spouse, family member, friend or other) as Joint Advisor to your fund who has the authority to recommend grants and investment allocations, view fund information and name successors. They will assume the role of Primary Advisor to the account in the event of the death of the Primary Advisor.

Mr./Mrs./Ms./Dr. _____ / / _____
Name (first, middle initial, last) Date of Birth (month/day/year)

Address: _____ - - _____
Social Security Number

City/State/Zip: _____ () - _____
Primary Telephone Number

E-mail: _____

4. Secondary Advisor(s)

You may name Secondary Advisors to your fund who will have the authority to recommend grants. Secondary Advisors will not succeed the Primary and Joint Advisors unless they are also named as Successors in **Section 6A**. To indicate additional Secondary Advisors you may attach a separate sheet.

Mr./Mrs./Ms./Dr. _____ / / _____
Name (first, middle initial, last) Date of Birth (month/ day/ year)

Address: _____ - - _____
Social Security Number

City/State/Zip: _____ () - _____
Primary Telephone Number

E-mail: _____

Secondary Advisor(s) (Cont.)

Mr./Mrs./Ms./Dr. _____	_____/_____/_____ Date of Birth (month/day/year)
Name (first, middle initial, last)	
Address: _____	_____-_____-_____ Social Security Number
City/State/Zip: _____	(____)____-_____ Primary Telephone Number
E-mail: _____	

5. Financial Advisor

You may name a Financial Advisor to your fund if you wish to do so. A Financial Advisor has the authority to recommend investment allocations and recommend grants on the Primary Advisor’s behalf.

Financial Advisor Name: _____	_____ Financial Institution
Address: _____	(____)____-_____ Telephone Number
City/State/Zip: _____	_____ E-mail

6. Succession Plan

You may name individuals as Successor Advisors to succeed you in advising on the fund after the death of the Primary and Joint Advisors **OR** you may elect to name specific charities as the Charitable Beneficiaries of the funds. These recommendations may be changed at any time. To indicate additional Successor Advisors or Charitable Beneficiaries, you may attach a separate sheet.

In the event that the Charitable Beneficiary no longer exists, NPT will award grants to a charity whose mission is similar to the original charity.

A. Successor Advisors – Individual(s)

- Option 1:** Retain assets in fund; Successors will share fund administration; **OR**
- Option 2:** Create new separate funds, and divide assets equally among Successors.

Mr./Mrs./Ms./Dr. _____	_____/_____/_____ Date of Birth (month/day/year)
Name (first, middle initial, last)	
Address: _____	_____-_____-_____ Social Security Number
City/State/Zip: _____	(____)____-_____ Primary Telephone Number
E-mail: _____	

Mr./Mrs./Ms./Dr. _____	_____/_____/_____ Date of Birth (month/day/year)
Name (first, middle initial, last)	
Address: _____	_____-_____-_____ Social Security Number
City/State/Zip: _____	(____)____-_____ Primary Telephone Number
E-mail: _____	

Succession Plan (Cont.)

B. Charitable Beneficiaries – Charity(ies)

- Option 1:** Distribute all of the remaining assets in the fund to the following charity(ies); **OR**
- Option 2:** Designate a specific percentage to be annually distributed to the charity(ies).

Charity Name: _____

Address: _____ % annually (if choosing Option B)

City/State/Zip: _____ () - _____
Telephone Number

Contact Name: _____ - _____
Employer Identification Number (if known)

Charity Name: _____

Address: _____ % annually (if choosing Option B)

City/State/Zip: _____ () - _____
Telephone Number

Contact Name: _____ - _____
Employer Identification Number (if known)

7. Investment Allocation

Recommend an investment allocation for your fund by choosing either **Option 1, 2, 3 or 4**. Before making your recommendation, please review the respective strategy descriptions and performance on the **Investment Descriptions & Options** form which is available at www.nptrust.org.

Option 1: Money Market

Money market funds take the most conservative approach to maintaining original gift value.

- UBS Select Prime Institutional
- UBS Select Treasury Institutional

Option 2: Actively Managed Model Portfolios

Utilizing best-in-class mutual funds, these actively managed strategies have the potential to out-perform the market.

- Conservative Portfolio** (conservative)
- Balanced Portfolio** (moderate)
- Total Return Portfolio** (moderate growth)
- Growth Portfolio** (growth)

Option 3: Index Fund Model Portfolios

Utilizing low-cost exchange-traded funds, these strategies provide an economical way to achieve a comparable return to the market.

- Conservative Portfolio** (conservative)
- Balanced Portfolio** (moderate)
- Total Return Portfolio** (moderate growth)
- Growth Portfolio** (growth)

Option 4: Personal Giving Strategy

Implement a customized giving strategy from among the following best-in-class mutual funds.

- _____ % Mainstay ICAP Select Equity
- _____ % Jennison 20/20 Focus
- _____ % American Funds Growth Fund of America
- _____ % JP Morgan Mid Cap Value
- _____ % Victory Special Value
- _____ % Columbia Acorn Select
- _____ % Columbia Small Cap Value I
- _____ % JPMorgan Small Cap Equity
- _____ % Van Kampen Small Cap Growth
- _____ % JPMorgan International Value I
- _____ % Federated International Small-Mid Company
- _____ % JPMorgan Emerging Markets
- _____ % Fidelity Advisor Emerging Markets
- _____ % PIMCO Total Return
- _____ % Pioneer Global High Yield
- _____ % Dryden Global Real Estate
- _____ % UBS Select Prime Institutional Fund
- _____ % UBS Select Treasury Institutional Fund

100%

8. Acknowledgement of Terms *(This section must be signed by the Primary and Joint Advisor, if one is listed.)*

I understand that my gifts of property are irrevocable and unconditional contributions when received and accepted by National Philanthropic Trust (NPT), and that NPT retains exclusive legal control over contributed assets. I acknowledge that I have read the NPT Program Guide and agree to the terms and/or conditions contained therein. I certify that, to the best of my knowledge, all information in connection with this application is accurate and I will notify NPT in writing of any changes.

_____	____/____/____
Primary Advisor Signature	Date (month/day/year)
_____	____/____/____
Joint Advisor Signature	Date (month/day/year)

9. Return this completed form, a Contribution Agreement and any other required documentation to:

Mail: National Philanthropic Trust
165 Township Line Road, Suite 150
Jenkintown, PA 19046

Fax: (215) 277-3029

10. How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> NPT Website | <input type="checkbox"/> Advertisement (<i>publication</i>): _____ |
| <input type="checkbox"/> Search Engine | <input type="checkbox"/> Article (<i>publication</i>): _____ |
| <input type="checkbox"/> Mailing from NPT | <input type="checkbox"/> Website Link (<i>name/URL</i>): _____ |
| <input type="checkbox"/> Attorney/Accountant (<i>name optional</i>): _____ | |
| <input type="checkbox"/> Financial Advisor (<i>name optional</i>): _____ | |
| <input type="checkbox"/> Family/Friend/Colleague (<i>name optional</i>): _____ | |