



Donor Advised Fund Update

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. Additional forms are available at www.nptrust.org. For assistance, please contact NPT toll-free at **(888) 878-7900**.

1. Donor Advised Fund

Enter the current information for the fund below.

Fund Name: _____

Primary Advisor: _____

2. Fund Name

Update the name for your donor advised fund.

New Fund Name: _____

3. Primary Advisor

Update any information that has changed for the Primary Advisor.

Mr./Mrs./Ms./Dr. _____ () -
Name (first, middle initial, last) Primary Telephone Number

Address: _____ E-mail

City/State/Zip: _____

4a. Advisor (Joint, Secondary or Financial)

Update, delete or add an Advisor below. To indicate additional Advisor updates, attach a separate sheet.

Update

Delete

Add as a: Joint Advisor Secondary Advisor Financial 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: _____
Financial Institution (if Financial Advisor)

4b. Advisor (Joint, Secondary or Financial)

Update

Delete

Add as a: Joint Advisor Secondary Advisor Financial 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: _____
Financial Institution (if Financial Advisor)

5. Successor Advisor or Charitable Beneficiary

Update, delete or add either a Successor Advisor **OR** a Charitable Beneficiary below. To indicate additional Successor updates, attach a separate sheet.

Update

Delete

Add as a:

Successor Advisor – Individual

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: _____

Charitable Beneficiary - Charity

Charity Name: _____

Address: _____ % annually

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

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

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 in writing of any changes.

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

7. 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