ICGF
Independent Charitable Gift Fund

Bequest Gift Notification

Complete this form to make a bequest of $5,000 or more from your will, IRA, 401(k) or other qualified plan, trust, or insurance policy upon your death to a new or existing donor-advised fund with National Philanthropic Trust. Additional forms are available at www.IndependentGift.org. If you need assistance, call toll free at (888) 878-7900 or send an email to npt@nptrust.org.

1. Donor-Advised Fund Information

____ _______________________________
Donor-Advised Fund Name | Primary Advisor

2. Donor Information

Identify all registered owners of the assets being donated. If the donor is a trust, enter the name of the trust agreement, the taxpayer identification number, and the date of the trust agreement directly below. All owners, joint owners, trustees, and co-trustees should complete the rest of Section 2.

❑ **Trust**

____
Name of Trust Agreement

____ _______________________________
Taxpayer Identification Number | Trust Date (Month, Day, Year)

❑ **Donor 1** ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

____ ________________ ________________
Owner, Trustee, or Officer (First Name, MI, Last Name) | Date of Birth | Social Security #

____ ________________ __________
Street Address | City/State | Zip

____ _______________________________
Email | Primary Telephone #

❑ **Donor 2** ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

____ ________________ ________________
Joint Owner, Co-Trustee, or Officer (First Name, MI, Last Name) | Date of Birth | Social Security #

____ ________________ __________
Street Address | City/State | Zip

____ _______________________________
Email | Primary Telephone #

3. Type of Gift

Check all boxes that apply to indicate how your gift will be made to NPT upon your death. NPT will place any gift of less than $5,000 into its General Fund.

- ☐ Bequest under a will or codicil
- ☐ Distribution from an IRA, 401(k), or other qualified plan
- ☐ Distribution from a life insurance policy
- ☐ Distribution from trust (e.g. charitable remainder trust)
- ☐ Other (please specify) ____

____

List any beneficiaries, trustees, or other individuals whose interest in your gift precedes that of NPT. List additional names on a separate page.

______________________________	______________________________
Name	Social Security #
______________________________	______________________________
Name	Social Security #
______________________________	______________________________
Name	Social Security #
______________________________	______________________________
Name	Social Security #

4. Custodian/Firm Information

Provide information about the firm(s) holding your assets or policy. If you are contributing assets from more than one firm, provide information on a separate page.

____

Name of custodian or firm

______________________________	____________________	____________
Street Address	City/State	Zip

______________________________	______________________________
Contact Name	Primary Phone #

______________________________	$ ____________	**OR**	____________ %
Account #	Dollar Amount		Percentage of Assets

____

Description of Assets (e.g. various stocks, mutual fund shares, bonds, etc. Attach pages if necessary.)

5. Recommend an Investment Allocation

Please recommend an asset allocation for your donor-advised fund. You may choose one strategy from among the four that are listed below. Investment option descriptions and fees can be found in the Program Guide.

❑ CONSERVATIVE STRATEGY

For donors planning to grant the balance of their account within 5 years

- **52.5% iShares Barclays Aggregate (AGG)**
- **12.5% iShares Barclays TIPS (TIP)**
- **15% iShares S&P 500 Index (IVV)**
- **15% iShares Dow Jones Select Dividend Index Fund (DVY)**
- **5% JP Morgan U.S. Government Money Market Fund**

❑ BALANCED STRATEGY

For donors planning to grant the balance of their account within 5 to 10 years

- **45% iShares S&P 500 Index (IVV)**
- **12.5% iShares Barclays Aggregate (AGG)**
- **12.5% iShares Barclays TIPS (TIP)**
- **15% iShares iBoxx $ Investment Grade Corporate Bond Fund (LQD)**
- **10% iShares Dow Jones Select Dividend Index Fund (DVY)**
- **5% JP Morgan U.S. Government Money Market Fund**

❑ GROWTH STRATEGY

For donors planning to use their account for more than 10 years and/or name successors

- **40% iShares Russell 300 Growth Index Fund (IWZ)**
- **15% iShares Russell Midcap Index Fund (IWR)**
- **15% iShares S&P 500 Index (IVV)**
- **10% iShares MSCI EAFE Index Fund (EFA)**
- **7.5% iShares Barclays Aggregate (AGG)**
- **7.5% iShares Barclays TIPS (TIP)**
- **5% JP Morgan U.S. Government Money Market Fund**

❑ MONEY MARKET

For donors seeking the preservation of principal

- **100% JP Morgan U.S. Government Money Market Fund**

6. Account Successor(s)

You may name successors to the account to succeed you in advising on the account after death of the last donor OR you can elect to have specific charities receive all or 5% annually of the remaining assets in the account.

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

____ _______________ _______________

First Name, MI, Last Name | Date of Birth | Social Security #

____ ____________________ ________

Street Address | City/State | Zip

____ ________________________________

Email | Primary Telephone #

❑ Mr. ❑ Mrs. ❑ Ms. ❑ Dr.

First Name, MI, Last Name | Date of Birth | Social Security #

Street Address | City/State | Zip

Email | Primary Telephone #

Succession Plan Options

❑ **Option A:** Retain assets in account, Successors will share account administration
❑ **Option B:** Create new separate accounts, and divide assets equally among Successors

7. Charitable Beneficiary(ies)

If you DO NOT elect to name successors to your account, you have the option of either distributing all of the remaining assets in the account, OR having 5% annually granted to a charitable organization(s), OR transferring the balance of account assets to the NPT Giving Fund. In the event the recommended charity no longer exists, NPT will award grants to a charity whose mission is similar to the original charity.

Recommend: ❑ **Balance of the Donor-Advised Fund's Assets** ❑ **5% Annually**

Name of Charitable Organization | Employer ID # (if known)

Street Address | City/State | Zip

Contact Name | Primary Phone #

Recommend: ❑ **Balance of the Donor-Advised Fund's Assets** ❑ **5% Annually**

Name of Charitable Organization | Employer ID # (if known)

Street Address | City/State | Zip

Contact Name | Primary Phone #

Recommend: ❑ **Transfer Balance of Donor-Advised Fund Assets to the NPT Giving Fund**

8. Acknowledgement of Terms (All donors or trustees named in Section 2 must sign below)

I understand that my gift of the property described in Section 4 is an irrevocable and unconditional contribution 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 ICGF 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 contribution agreement is accurate and I will notify NPT in writing of any changes.

____	_________________
Donor or Trustee	Date
____	_________________
Donor or Trustee	Date

9. Return this completed form and other required documentation by mail or fax to:

National Philanthropic Trust | 165 Township Line Road, Suite 150 | Jenkintown, PA 19046 | Fax: (215) 277-3029