ICGF
Independent Charitable Gift Fund

Donor Application

Complete this form and a "**Contribution Agreement**" to establish a donor-advised fund of $25,000 or more with National Philanthropic Trust (NPT). 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

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").

_____
Donor-Advised 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.

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

Street Address _____ City/State _____ Zip _____

Email _____ Primary Telephone # _____

3. Joint Advisor

You may name an individual (such as a spouse, family member, friend or other) as Joint Advisor to your fund who also 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.

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

Street Address _____ City/State _____ Zip _____

Email _____ Primary Telephone # _____

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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.

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 #

5. Financial Advisor

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

Financial Advisor Name | Financial Institution

Street Address | City/State | Zip

Email | Primary Telephone #

Financial Advisor is authorized to:
❑ Recommend investment allocations on the Primary Advisor's behalf
❑ Recommend grants on the Primary Advisor's behalf

6. Succession Plan

You may name individuals as Successors 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 Successors 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.

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A. Successors – 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.

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 #

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 | Annual % (Option 2 only)

Street Address | City/State | Zip

Contact Name | Employer ID # (if known) | Primary Telephone #

Charity Name | Annual % (Option 2 only)

Street Address | City/State | Zip

Contact Name | Employer ID # (if known) | Primary Telephone #

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7. Investment Allocation

Please recommend an asset allocation for your donor-advised fund account. 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**

7a. Financial Advisor Information (This section needs to be filled out by your financial advisor)

Financial Advisor Name

Dealer # Branch # Rep # Tax ID #

Firm Name

Street Address

City/State Zip Primary Telephone #

Email

Signature Date

IMPORTANT: In order to receive compensation for this account, please complete the Independent Administration Sub-Servicing Agreement* and return to: Hollencrest Securities, 100 Bayview Circle, Suite 500, Newport Beach, CA 92660

*The IASP can be obtained at www.IndependentGift.org or by calling Hollencrest at (800) 838-8951.

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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 "**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 application is accurate and I will notify NPT in writing of any changes.

_____ _____
Primary Advisor Signature Date

_____ _____
Joint Advisor Signature Date

9. Return this completed form by mail or fax to:

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

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