National Philanthropic Trust

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.nptrust.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 (typically, this 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 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.

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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.

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

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 and 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

Using 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

Using 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

_____ % Prudential Jennison 20/20 Focus

_____ % The Growth Fund of America

_____ % Victory Special Value

_____ % Columbia Acorn Select

_____ % TCW Galileo Small Cap Growth

_____ % JP Morgan International Value

_____ % Federated International Small-Mid Company

_____ % JP Morgan Emerging Markets

_____ % Fidelity Advisors Emerging Markets

_____ % PIMCO Total Return

_____ % Pioneer Global High Yield

_____ % Prudential Global Real Estate

_____ % Prudential Jennison Natural Resources

_____ % UBS Select Prime Institutional

_____ % UBS Select Treasury Institutional

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

_____ _____

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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