



National Philanthropic Trust

# Restricted and Control Stock Questionnaire

Please complete this questionnaire to assist us determining the proper liquidation of restricted securities by National Philanthropic Trust. Additional forms are available at [www.nptrust.org](http://www.nptrust.org). If you need assistance, call toll free at (888) 878-7900 or send an email to [npt@nptrust.org](mailto:npt@nptrust.org).

## A. Donor Information

Mr.  Mrs.  Ms.  Dr.

\_\_\_\_\_  
First Name, MI, Last Name

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Security Name (Company)

\_\_\_\_\_  
Symbol Price

\_\_\_\_\_  
Email

\_\_\_\_\_  
Primary Telephone #

**1. How many shares do you wish to contribute to National Philanthropic Trust?**

**2. Are you an officer, director, control person or affiliate, or holder of more than 10% of the outstanding shares of the company?**

Yes  No If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

**3. Have you purchased any of the company stock in the last six months?**

Yes  No If yes, how many shares did you purchase and what were the dates?  
\_\_\_\_\_  
\_\_\_\_\_

**4. How many shares of this company do you own?**

(Include shares owned by family members, trusts, estates, corporations and organizations in which you or your family has a beneficial interest and any trust or estates of which you or any family member serves as Trustee, Executor or in any similar capacity. Include shares held away from this firm.)  
\_\_\_\_\_

**5. Where are the securities located?**

\_\_\_\_\_

**6. Do you own 5% or more of any class of the company's securities?**

Yes  No

**B. Securities**

**7. Is there a legend on the certificate(s)?**

Yes  No If yes, what does the legend(s) say, and in whose name have the securities been issued?  
(Provide a copy of the certificate.)

\_\_\_\_\_  
Certificate Date:

\_\_\_\_\_  
Certificate #

**8. Is there a current registration statement requiring delivery of a prospectus in connection with the proposed sale of the securities?**

Yes  No If yes, please provide the date of prospectus: \_\_\_\_\_

**9. Are there any agreements (e.g., a shareholder's agreement or registration rights agreement), contractual restrictions or stop transfer orders relating to these securities?**

Yes  No If yes, please explain here. Also, obtain a copy and send it along with this questionnaire.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Holding Period for Securities Involved in this Transaction**

**10. Date(s) securities acquired:** \_\_\_\_\_

**11. Number of shares acquired:** \_\_\_\_\_

**12. From whom were the securities acquired?** \_\_\_\_\_

**13. Was the purchase price paid in full on acquisition date?**

Yes  No If yes, you may skip Question 18.

**14. If all or part of the purchase price was paid by a promissory note or other obligation to pay the purchase price, or by entering into an installment purchase contract, was the note or obligation payable to, or the installment purchase contract entered into with, the issuer of the securities or an affiliate (including an officer or director) of the issuer?**

Yes  No If no, skip to Question #18. If yes, provide date the obligation was paid in full: \_\_\_\_\_

**15. Did the obligation provide for recourse against you?**

Yes  No

**16. Was the obligation secured by collateral other than these securities?**

Yes  No If no, you may skip to Question #18.

**17. What is the value of the collateral?** \_\_\_\_\_

## D. Acquisition of Securities

**18. How were the securities acquired?** (check only one)

**Merger or company buyout**

Name of company acquired: \_\_\_\_\_

Were you an affiliate of the acquired company?  Yes  No

If yes, when did you cease to be an affiliate? \_\_\_\_\_

**Private placement**

From whom? \_\_\_\_\_

Relationship to issuer: \_\_\_\_\_

**In lieu of payment for services**

Describe services: \_\_\_\_\_

Date services completed: \_\_\_\_\_

**Partnership distribution**

Name of partnership: \_\_\_\_\_

**Stock dividend, stock split, reverse split or re-capitalization**

Provide date and description of acquisition of original securities:

\_\_\_\_\_

**By means of a conversion of other securities of the company**

Provide dates of conversion and original acquisition:

\_\_\_\_\_

**Gift, pledge, or from a trust or estate**

When and how did the prior owner acquire the securities?

\_\_\_\_\_

**Other**

Please describe: \_\_\_\_\_

## E. Securities Sold During the Past Three Months

### 19. Have you or any person directly or indirectly related to you sold any of the company's securities in the past three months?

(This includes any donee, donor, trust, estate, corporation, partnership or other organization in which you or your family has a beneficial interest or of which you or your family is an Executor, Administrator, Trustee, Guardian or Conservator or any person with whom you have acted in concert for the purpose of selling securities of the company. Securities convertible are included in the class of securities intended to be sold.)

Yes  No If yes, please provide the following details:

\_\_\_\_\_  
Securities sold by:

\_\_\_\_\_  
# of shares sold

\_\_\_\_\_  
Date of sale

\_\_\_\_\_  
Name of Issuer's Counsel

\_\_\_\_\_  
Primary Phone #

## F. Acknowledgment of Terms

I declare I have answered the questions on this Restricted and Control Stock Questionnaire honestly and to the best of my knowledge. I understand National Philanthropic Trust will use this information to assist me or the financial service firm/company in selling these securities. I will not hold National Philanthropic Trust liable for any misinformation I provide or for any losses related to transactions initiated in reliance upon this Restricted and Control Stock Questionnaire.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## G. 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