



Donor-Advised Fund Update

For Individuals

Complete this form to update your donor-advised fund information. You can change the donor-advised fund name, contact information, advisors or recommend a new or updated legacy plan 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. If you need assistance, call (888) 878-7900 or send an email to npt@nptrust.org.

1. Current Donor-Advised Fund Information (REQUIRED)

Donor-Advised Fund Name

Donor-Advised Fund Account Number

Primary Advisor

2. Donor-Advised Fund Name Update

New Donor-Advised Fund Name

3. Primary Advisor Update

Any changes to the Primary Advisor's address will become your donor-advised fund's primary address for all correspondence unless otherwise noted.

Mr. Mrs. Ms. Dr.

First Name, MI, Last Name

Year of Birth

Street Address

City/State

Zip

Email

Primary Telephone #

4. Joint or Secondary Advisor Update(s)

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

Mr. Mrs. Ms. Dr.

First Name, MI, Last Name

Year of Birth

Street Address

City/State

Zip

Email

Primary Telephone #

5. Financial Advisor Update(s)

Update Delete Add as a: Financial Advisor
 Mr. Mrs. Ms. Dr.

Financial Advisor Name

Financial Institution

Street Address

City/State

Zip

Email

Primary Telephone #

Financial Advisor is authorized to:

Read Only Access: Permits Financial Advisor to view donor-advised fund information online.

Full Access: Permits Financial Advisor to recommend investment allocations and grants.

6. Legacy Plan Update(s)

The Primary and/or Joint donor-advised fund (DAF) advisor(s) may select any combination of three Legacy Plan options (subject to the qualifications noted below). Please designate the respective percentages of remaining DAF account assets that you would like distributed according to the three options upon the notification of the death or incapacity of the last primary or joint advisor. The total percentage of DAF assets allocated to selected Legacy Plan options must equal 100%.

OPTION 1: INDIVIDUAL SUCCESSORS	OPTION 2: CHARITABLE BENEFICIARIES	OPTION 3: ENDOWMENT PROGRAM (\$100,000 minimum required)*
Name up to four Individual Successor(s), each to be designated as a Primary Advisor on a new DAF account at the time of Legacy Plan activation (e.g., receipt of death certificate).	Designate one or more charities to receive a lump-sum grant at the time of Legacy Plan activation (e.g., receipt of death certificate). Minimum grant amount is \$250/per charity.	Select total percentage of DAF assets designated to Option 3 – Endowment Program.
Select percentage of DAF assets designated to each named Individual Successor.	Select percentage of DAF assets designated to each named Charitable Beneficiary.	Select the total percentage of Endowment Account assets to be allocated annually among all named beneficiaries.
If division of assets for Option 1 creates DAF account(s) with balance(s) below \$25,000, successor(s) will have 90 days to bring balance up to the \$25,000 DAF minimum or recommend grants to qualified charities.	If a designated charity is not eligible to receive a grant at the time of Legacy Plan activation, designated assets will be reallocated among the remaining charities**.	Designate one or more charities to receive an annual recurring grant and specify the percentage that each charity will receive from the Endowment Account balance. Allocation must equal 100%** . Minimum grant amount is \$250/per charity. Example: Charity #1 (40%), Charity #2 (60%). Assets allocated to the Endowment Account will be invested in the Conservative investment pool option available at the time of activation; trading will occur within 90 days of the receipt of written notice of the Legacy Plan activation (e.g., receipt of death certificate). When an Endowment Account balance reaches \$25,000, final lump-sum grant(s) will be made to designated charities**.

* \$100,000 minimum required at the time of Legacy Plan activation for Endowment Program eligibility. If available DAF assets are less than \$100,000, this Legacy Plan selection will revert to Option 2.

** If no designated charity is eligible to receive grants at the time of Legacy Plan activation, NPT will make a grant to qualified charitable organization(s) as similar as possible in mission and scope (as determined by NPT in its sole discretion) or will reserve the right to transfer the balance of the account to the NPT Giving Fund.

6. Legacy Plan (continued)

Option 1: Individual Successor(s)

Option 1 – Allocation Subtotal:	%
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You may designate up to four individuals. Please make copies of this page if you wish to designate more than two successors.

SUCCESSOR 1: Mr. Mrs. Ms. Dr.

First Name, MI, Last Name **Allocation %**

Street Address City/State Zip

Email Primary Telephone # (required)

SUCCESSOR 2: Mr. Mrs. Ms. Dr.

First Name, MI, Last Name **Allocation %**

Street Address City/State Zip

Email Primary Telephone # (required)

Option 2: Charitable Beneficiaries

Option 2 – Allocation Subtotal:	%
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You may designate one or more charities. Please make copies of this page if you wish to designate more than two charitable beneficiaries.

CHARITABLE BENEFICIARY 1

Charity Name **Allocation %**

Street Address City/State Zip

Email Employer ID # (if known) Primary Telephone #

CHARITABLE BENEFICIARY 2

Charity Name **Allocation %**

Street Address City/State Zip

Email Employer ID # (if known) Primary Telephone #

6. Legacy Plan (continued)

Option 3: Endowment Program (\$100,000 minimum required)*

OPTION 3 – ALLOCATION SUBTOTAL FOR ENDOWMENT PROGRAM:	%
% Of Assets to be allocated annually to charities listed below:	%

You may designate one of more qualified charitable organizations. Please make copies of this page if you wish to designate more than two charitable organizations.

ENDOWMENT CHARITABLE ORGANIZATION 1

Organization Name	Endowment Account Allocation %	
Street Address	City/State	Zip
Email	Employer ID # (if known)	Primary Telephone #

ENDOWMENT CHARITABLE ORGANIZATION 2

Organization Name	Endowment Account Allocation %	
Street Address	City/State	Zip
Email	Employer ID # (if known)	Primary Telephone #

OPTION 1 – ALLOCATION SUBTOTAL (from page 3): % _____

OPTION 2 – ALLOCATION SUBTOTAL (from page 3): % _____

OPTION 3 – ALLOCATION DESIGNATION FOR ENDOWMENT PROGRAM SUBTOTAL: % _____

TOTAL: 100%

7. Acknowledgement of Terms

I/we understand that these changes will be subject to all terms that apply to the donor-advised fund. I certify that, to the best of my knowledge, all information in connection with this form is accurate and I will notify National Philanthropic Trust in writing of any changes.

Contact Name	Date (month/day/year)
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8. Return this completed form and other required documentation by mail, fax or email to:

National Philanthropic Trust | 165 Township Line Road, Suite 1200, Jenkintown, PA 19046
 Fax: (215) 277-3029 | npt@nptrust.org