



# Donor Application

## For Legal Entities

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

Recommend an investment allocation for your donor-advised fund by choosing from the options listed in Section 5. Before recommending an investment allocation, please review the **Investment Descriptions and Performance** for respective strategy descriptions. **Note: If no investment allocation is selected at the time a new account is funded, contributed assets will be allocated to the Select Government Institutional Fund (SEGXX).**

Additional forms are available at [www.nptrust.org](http://www.nptrust.org). If you need assistance, call (888) 878-7900 or send an email to [npt@nptrust.org](mailto:npt@nptrust.org).

### 1. Donor-Advised Fund Information

Choose a name for your donor-advised fund. You can name it for your organization (*The ABC Corporation Fund* or *The ABC Foundation*), in memory of someone, or for a particular charitable purpose (*The ABC Education Fund*).

\_\_\_\_\_  
Donor-Advised Fund Name

### 2. Entity Information

Identify the organization donating assets to establish this donor-advised fund.

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
Name of Authorized Officer

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
Email

#### Entity Type (please select one)

- Corporation      Please attach a Certificate of Corporate Resolution for authorized officers.
- Partnership      Please attach a Certificate of Partnership Resolution for authorized officers.
- LLC                Please attach a Certificate of Limited Liability Company Resolution for authorized officers.
- Trust              Please provide a copy of the Trust Instrument and any amendments.
- Other              (please explain) \_\_\_\_\_

Check this box if the entity is a private foundation or retirement account.

### 3. Authorized Officer

Identify the individual who is authorized to view donor-advised fund information, and to recommend grants and make investment recommendations on behalf of the organization. This individual is deemed the primary advisor on the account and notified of all activity.

Mr.    Mrs.    Ms.    Dr.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone #    cell    home    work

\_\_\_\_\_  
Email

## 4. Secondary Officer

If the Authorized Officer is unavailable, the authority to view fund information, recommend grants/investment allocations will be assumed by the Secondary Officer, and all communications will be routed through this individual until NPT is informed in writing of a new Authorized Officer.

Mr.    Mrs.    Ms.    Dr.

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First Name, MI, Last Name

Title

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Primary Telephone #

Email

## 5. Investment Allocation – You can choose either the Model Portfolios or Segregated Account.

*If Model Portfolios are chosen, the total allocation on this form must equal 100%. Each selection must reflect a minimum allocation of 25%.*

### Model Portfolios

#### Impact Portfolios

Using industry-leading mutual funds, exchange-traded funds (ETFs) and separately managed accounts (SMAs).

\_\_\_\_\_ % Economic Mobility – *Seeks to create economic opportunity for all with a focus on underserved communities. Moderate risk profile*

\_\_\_\_\_ % Environmental Stewardship – *Manages climate change risks and protects and conserves natural resources. Moderate risk profile*

\_\_\_\_\_ % Gender Lens – *Supports the advancement of women in the workplace and beyond. Moderate risk profile*

\_\_\_\_\_ % Broad Social Impact – *Advances solutions to global challenges, including conservation, financial inclusion and access to healthcare. Growth risk profile*

#### Actively Managed Portfolios

Using industry-leading mutual funds.

\_\_\_\_\_ % Conservative Portfolio

\_\_\_\_\_ % Moderate Portfolio

\_\_\_\_\_ % Growth Portfolio

#### Index Fund Portfolios

Using low-cost ETFs.

\_\_\_\_\_ % Conservative Index Portfolio

\_\_\_\_\_ % Moderate Index Portfolio

\_\_\_\_\_ % Growth Index Portfolio

#### Money Market Portfolios

\_\_\_\_\_ % Select Government Institutional Fund (SEGXX)

\_\_\_\_\_ % Select Treasury Institutional Fund (SETXX)

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**100% TOTAL**

### Segregated Account – Financial Advisor Managed

Donors with accounts over \$500,000 may suggest that a financial advisor recommend investments other than those NPT offers. A different fee schedule may apply.

To open a segregated account, please complete the **Account Opening** forms. If approved, your financial advisor will be required to complete NPT's Segregated Account Investment Information form. This will initiate NPT's process to establish an NPT Segregated Account. This form is available to financial advisors by contacting NPT at (888) 878-7900 or [npt@npitrust.org](mailto:npt@npitrust.org). You can also request the applicable fee schedule. Please also note, NPT's Investment Policy Guidelines apply to all segregated accounts.

Segregated accounts with a balance below \$500,000 will be deemed to have a balance of \$500,000 for purposes of the charitable administrative fee calculation. In addition, NPT reserves the right to move segregated accounts that have a balance below \$500,000 into NPT's pooled investment options.

## 6. Signature of Certifying Officer

Identify the individual, secretary or other officer in your organization who can certify the names of those authorized to act on its behalf in connection with donations from your organization. The resolution will remain in effect until you notify NPT in writing that it has been revoked.

Mr.    Mrs.    Ms.    Dr.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone #    cell    home    work

\_\_\_\_\_  
Email

I certify that each of the officers listed in Section 3 and 4 is duly authorized by resolution to act on behalf of the above-named organization in connection with donations from the organization.

\_\_\_\_\_  
Signature of Certifying Officer

\_\_\_\_\_  
Date

## 7. Acknowledgment

Each officer named in Section 3 and 4 agrees on behalf of the organization to indemnify and hold the National Philanthropic Trust and its officers, employees, and agents harmless from acting on instructions believed by National Philanthropic Trust to have originated from any officer named in Section 3 and 4. This resolution is to remain in full force and effect until revoked in writing by an officer named in Section 3 and the revocation is delivered to National Philanthropic Trust. The revocation will not affect any action taken by National Philanthropic Trust before it has had a reasonable amount of time to act upon the revocation. The organization recognizes that the officers listed here may not act as advisors to the program account unless they are listed as authorized officers and have signed below.

Each officer understands, in accordance with NPT's Know Your Client/Anti-Money Laundering Procedures, that NPT may obtain, record and verify information that identifies each person who makes a contribution to a donor-advised fund at NPT.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secondary Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Certifying Officer

\_\_\_\_\_  
Date

**RETURN THIS COMPLETED FORM 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](mailto:npt@nptrust.org)