



National  
Philanthropic  
Trust

*Your partner in giving*

# Corporate/Organization Resolution and Indemnification

This form must be completed by an 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 The resolution will remain in effect until you notify National Philanthropic Trust (NPT) in writing that it has been revoked.

If you need assistance, please call (888) 878-7900 or send an email to [npt@nptrust.org](mailto:npt@nptrust.org).

## 1. Entity Information

Identify the organization donating assets to NPT (the "Entity").

Entity Name

Street Address

City

State

ZIP

Email

Phone

**Entity Type** (please select one)

Corporation

Partnership

LLC

Other (please explain)

Check this box if the entity is a private foundation

## 2. Authorized Advisors

Identify up to two individuals who are authorized by the Entity to transact business with NPT on behalf of the Entity. Each individual identified below will have the authority to sign contribution agreements and other documentation related to contributions from the Entity to NPT. Each individual will remain an Authorized Advisor until such time as NPT receives written notice from an officer of the Entity revoking this authorization.

Prefix	First Name	MI	Last Name	Title
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Email	Phone
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Prefix	First Name	MI	Last Name	Title
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Email	Phone
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### 3. Officer Certification

**Note:** An officer of the Entity must complete this Certification and provide evidence of the individual's appointment as an officer.

By signing below, I certify that:

- I am an officer of the Entity and have the authority to make all representations contained here.
- Each individual appointed as an Authorized Advisor in Section 2 has the authority, acting alone, to transact business with NPT on behalf of the Entity. This authority includes, without limitation, the ability to sign contribution agreements and other documentation related to contributions from the Entity to NPT.
- The Entity shall indemnify and hold harmless NPT and its directors, officers, employees, and agents (the "Indemnified Parties") from and against any and all suits, actions, claims, losses, liabilities, judgments, awards, and costs (including reasonable legal fees and expenses) incurred by, borne by, or asserted by a third party against any of the Indemnified Parties in any way relating to, arising out of, or resulting from instructions believed by NPT to have originated from any Authorized Advisor.
- This Certification will remain in full force and effect and may be relied upon by NPT until such time as NPT receives written notice from an officer of the Entity revoking this Certification. The revocation will not affect any action taken by NPT before it has had a reasonable amount of time to act upon the revocation.

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Certifying Officer Signature				Date (MM/DD/YYYY)
Prefix	First Name	MI	Last Name	Title
Email		Phone		

### 4. Authorized Advisor Acknowledgment

Each Authorized Advisor agrees that all information contained in this Resolution is true and correct to the best of such Authorized Advisor's knowledge, including that the Authorized Advisor has the authority to act on behalf of the Entity as provided herein.

Each Authorized Advisor 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.

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Authorized Advisor Signature

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Print Name	Date (MM/DD/YYYY)
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Authorized Advisor Signature

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Print Name	Date (MM/DD/YYYY)
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**RETURN THIS COMPLETED FORM BY EMAIL, FAX OR MAIL TO: National Philanthropic Trust**  
165 Township Line Road, Suite 1200, Jenkintown, PA 19046 | Fax: (215) 277-3029 | [npt@npitrust.org](mailto:npt@npitrust.org)