

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, its affiliates and subsidiaries, and their respective 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

This section must be signed by each Authorized Advisor listed on this form.

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.

Authorized Advisor Signature

Print Name Date (MM/DD/YYYY)

Authorized Advisor Signature

Print Name Date (MM/DD/YYYY)

RETURN THIS COMPLETED FORM BY EMAIL OR MAIL TO: National Philanthropic Trust
165 Township Line Road, Suite 1200, Jenkintown, PA 19046 | npt@nptrust.org