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### Section One – Instructions

Please complete this form & Appendix 1 if you intend to or have named the Foundation as a beneficiary of your Will/Insurance Policy/RRSP/RRIF where Gift Funds Canada is not the owner of the gift instrument.

Please send the completed documents to: Gift Funds Canada, 645 Gardiners Rd., Ste. 202, Kingston, ON K7M 8K2

### **Section Two – Donor Information**

This section should contain current information about the donor of the future gift. Where Gift Funds Canada is a named beneficiary in a Will, a donation receipt will be issued to the estate of the donor, for the fair market value (FMV) of the contributed assets as at the date of transfer. Where Gift Funds Canada is the named beneficiary of an Insurance Policy, RRSP or RRIF, a donation receipt will be issued to the estate of the donor of the date of transfer.

Corporation (if applicable)				
Full Name (including title Mr., Mrs., Ms., Dr., etc)				
Mailing Address				
City	Province	Postal Code		
Telephone (Home)	Email	•		

# Section Three - Type of Beneficiary Gift

What type of beneficiary gift are you making:

☐ A bequest through my Will.

A named beneficiary of an RRSP or RRIF or Insurance Policy

# Section Four – Direction for Use of Beneficiary Gift

By signing this agreement, I authorize & direct Gift Funds Canada to add the proceeds to my existing Charitable Gift Fund.

#### Fund Name: \_

Fund ID #

By signing this agreement, I authorize & direct Gift Funds Canada to establish a *Classic* or *Flex* Charitable Gift Fund with the proceeds as per the completed/signed Appendix 1 appended to this document.

## Section Five – Authorizations & Understandings

The **Charitable Gift Funds Canada Foundation** (Gift Funds Canada, the Foundation) is a registered charitable organization (BN # 89671 3500 RR0001) in Canada. Details about the programs it offers are contained in the **Program Guide** which is subject to change from time to time without notice.

By signing this form, I acknowledge that Gift Funds Canada will be the beneficiary for the insurance policy/RRSP/RRIF or Will referenced herein and the resulting proceeds. I understand that the proceeds will flow either to an existing charitable gift fund (Fund) or to a new Fund (either Classic or Flex) established to receive the proceeds.

Gift Funds Canada may use the personal information I have and/or will provide (for example name, address, contact information) to process my donations; administer its charitable services; establish and maintain a relationship with me, establish and manage my Charitable Gift Fund; verify my identity and protect against fraud; to satisfy regulatory obligations and other legal requirements.

In providing its charitable services, I understand that the Foundation may have to share my personal information with other persons: where other parties are Gift Funds Canada's third party service providers, suppliers or agents who assist the Foundation in providing its services; and where it is required or permitted to do so by law.

To the best of my/our knowledge, all information disclosed is accurate, and I/we will immediately notify my professional advisor or Gift Funds Canada if any changes occur.

Donor's Signature

Date



**Please Print** 

# **Section One – Instructions**

Please complete this form to create a **Charitable Gift Fund** ("Fund") with the proceeds described in the attached *Beneficiary Gift Agreement*. Please submit the original version of this form and any other applicable documents, to your Insurance Specialist for processing.

Please send the completed documents to: Gift Funds Canada, 645 Gardiners Rd., Ste. 202, Kingston, ON K7M 8K2

# Section Two – Name the Charitable Gift Fund

The name you set out below is the name of your Charitable Gift Fund as it will appear in correspondence including that sent to your recommended grant recipients. The name may be changed at your discretion by advising Gift Funds Canada in writing through your Insurance Specialist/Investment Advisor or directly.

(Charitable Gift Fund Name)

# Section Three – Type of Charitable Gift Fund

I would like the proceeds used to establish either:

### A Classic Charitable Gift Fund (\$25,000 min):

An endowment fund intended to provide funds for grant-making in perpetuity while preserving the gift capital as provided by the insurance proceeds. Grants will be made from the accumulated net income earned by the invested gift capital. Refer to the *Program Guide* for further information. The Guide is subject to change from time to time without notice.

### □ A *Flex* Charitable Gift Fund (\$100,000 min):

A current fund with unlimited grant-making privileges designed to satisfy short, medium or long term philanthropic objectives. Gift capital and accumulated net income can be disbursed consistent with the recommendations of the donor or their fund successor. Fund assets will be invested or held in a manner consistent with the anticipated distribution of the capital in grants to qualified donees. Refer to the *Program Guide* for further information. The Guide is subject to change from time to time without notice.

### Section Four – Donor Designation of Gifted Assets for a Classic Charitable Gift Fund ONLY

Complete this section if you are using the insurance proceeds to establish a *Classic Charitable Gift Fund*. I, the Donor, would like to direct that the assets used to create a *Classic Charitable Gift Fund* be handled in one of the following ways:

None of the initial gift is immediately available for grant-making (An annual spending policy calculation will be applied to the Fund's assets by the Gift Funds Canada's Board of Directors to determine the amount to be available for grant-making in the following calendar year.); **OR** 

\_\_\_\_% of the initial gift is immediately available for grant-making. (This split must leave a minimum of \$25,000 in capital assets in the Fund. This option may be of interest to those donors who wish their fund to have grant money available in the year in which it is established.

# Section Five - Grant Acknowledgements & Recommendations

Grants are made from assets available for grant-making in your Fund. Grant Acknowledgements & Recommendations may be submitted when completing this form or at a later date by completing a Grant Recommendation Form – available from your professional advisor or by download from the Gift Funds Canada website at www.giftfunds.com

Grant Acknowledgements & Recommendations are attached.

Grant Acknowledgements & Recommendations will be submitted at a later date.

## Section Six - Gift Funds Canada's Operating Cost Allocation

The Foundation operating costs\* are assessed against each Fund according to the following schedule:

Invested Gift Capital	Classic CGF**	Total Fund Balance	Flex CGF***
Up to \$ 100,000	0.850 %	Up to \$ 100,000	0.850 %
\$ 100,001 to \$ 500,000	0.800 %	\$ 100,001 to \$ 500,000	0.800 %
\$ 500,001 to \$ 1,000,000	0.700 %	\$ 500,001 to \$ 1,000,000	0.700 %
\$ 1,000,001 and above	Contact the Foundation for details	\$ 1,000,001 and above	Contact the Foundation for details

\*Please note that the above costs do not include the investment advisory or management fees payable by the Foundation to Financial Service Providers. Rates are subject to change from time to time, without notice. \*\*Invested Gift Capital does not include funds that are available for grant-making. There is a minimum monthly charge of \$20 for Classic CGFs. \*\*\* Flex Funds are subject to a minimum monthly expense allocation. In the first twelve months following receipt of each gift, it is calculated as the total gift value as it appears on the official donation receipt times the expense allocation rate. After the twelfth month the minimum monthly expense allocation is \$45.

#### Section Seven - Fund Successors (Not required. Successors may be named at a later date.)

The Donor may name successors to their Fund. After the death of the Primary Donor(s), Fund Successors will have authority to advise on the Fund and to give consent to any amendment or variation of any trust created by the creation of the Fund.

- □ Named successors will share equal responsibility for the Fund.
- The assets of the original fund will be split among the successors' own CGFs.\*
- I appoint as the successors to the Fund those persons who serve as the directors of the Foundation, acknowledging that these persons change from time to time.\*\*

#### Fund Successor #1:

Full Name (including title Mr., Mrs., Ms., Dr., etc)				
Mailing Address				
City	Province	Postal Code		
Telephone (Home)	Telephone (Business)			
Fax	Email			
Date of Birth (mm/dd/yyyy)				
Relationship to Primary Donor				
Please provide a photocopy of a valid identification document (Passport, Driver's License, National Identity Card, Government Issued Age of Majority Card, Canadian Citizenship Card or Birth Certificate) in order to comply with federal regulations applying to registered charitable organizations.				

#### Fund Successor #2\*\*\*:

Full Name (including title Mr., Mrs., Ms., Dr., etc)			
Mailing Address			
City	Province	Postal Code	
Telephone (Home)	Telephone (Busine	Telephone ( <i>Business</i> )	
Fax	Email	Email	
Date of Birth (mm/dd/yyyy)			
Relationship to Primary Donor			
Please provide a photocopy of a valid identific Canadian Citizenship Card or Birth Certificate) in	• • •	ational Identity Card, Government Issued Age of Majority C	

\*The assets will be divided equally among the successor funds as long as there is a minimum of \$100,000 in each new Flex fund. \*\*If no successors are ever named, then Gift Funds Canada will assume the role by default. If the directors of the Foundation become the successors either through request or by default, then any subsequent grants will be made consistent with the donor's past grant recommendations and/or expressed areas of interest. \*\*\* If there are more than two (2) fund successors, please attach a list of same with the information requested above to this form.

### Section Eight – Authorizations & Understandings

The **Charitable Gift Funds Canada Foundation** (Gift Funds Canada, the Foundation) is a registered charitable organization (BN # 89671 3500 RR0001) in Canada. Details about the programs it offers are contained in the **Program Guide** which is subject to change from time to time without notice.

By signing this form, I authorize and direct the Foundation to create a Fund with the proceeds described in the attached Beneficiary Gift Agreement Form.

As the Donor, I understand that I may make written recommendations for grants to Qualified Donees consistent with Canada Revenue Agency regulations and the Foundation's policies. While it is the Foundation's intention to fulfill the Donor's requests, I further agree that the CGFCF is legally responsible for determining the amount and recipient(s) of any grant(s).

Gift Funds Canada may use the personal information I have and/or will provide (for example name, address, contact information) to process any donations; administer its charitable services; to satisfy regulatory obligations and other legal requirements.

In providing its charitable services, I understand that the Foundation may have to share my personal information with other persons: where other parties are Gift Funds Canada's third party service providers, suppliers or agents who assist the Foundation in providing its services; and where it is required or permitted to do so by law.

To the best of my knowledge, all information disclosed is accurate, and I will immediately notify my Insurance Specialist or Gift Funds Canada if any changes occur.

**Existing Policy Donor's Signature** 

Date