

Additional Contribution Flex Charitable Gift Fund

Please Print

Section One - Instructions

Please complete this form to make an Additional Contribution to an existing Flex Charitable Gift Fund ("Fund") with an

Guide") for inf received and i contribute to t	ontribution to the Gift Funds Canada formation on asset types that can be reviewed the Program Guide, you ut the Fund noted below. Please subment Advisor for processing.	be contributed. By signing inderstand its terms, it fo	this Agreement, you acknowled rms part of this Agreement and	dge that you have you intend to		
	king directly with CGFCF and NOT th Gardiners Rd., Ste. 202, Kingston, C		r, then please send the docume	ents to: Gift Funds		
Fund Informat	tion: (the name of the Fund or the donc	or and the Fund ID number)				
Check whethe						
An Ad	Iditional Contribution by the origina	ı l donor(s) who establishe	d the Fund or by the Fund Succe	essor(s).		
	\$ 5,000 or more (you may make I	new investment recommend	ations. See Section Four)			
estab	rd-Party Contribution. If the person policy dished the Fund, then they are constant. (Please complete Sections 2 and 3 on	sidered a third-party contr	_			
Section Two -	- Third Party Donor Information					
bove-named Fur ontribution to the obtain any adviso	contributor, understand that any con nd and is not refundable to me. By si ne Fund identified in this document. I ory privileges with regard to grants or this contribution.	gning this Agreement belo further understand, while	w, I acknowledge and direct the C I will receive a donation receipt fo	CGFCF to add my or my contribution, I do n		
Corporation (if appli	icable)*					
Full Name (including	g title Mr., Mrs., Ms., Dr., etc)					
Mailing Address						
City		Province	Postal Code			
Telephone (Home)		Telephone (Bus	iness)			
-ax		Email				
Signature:		1				

Section Three - Description of Gifted Assets

donate the following gift of cash to a Charita cheque nvestment Advisor will work with you to fund your th an Investment Advisor, then make the cheque			
nvestment Advisor will work with you to fund you			
/ transfer/direct deposit from my account nvestment Advisor will work with you to transfer y estment Advisor.	our cash. OR Contact CGFC	:F to make arrangeme	nts, if you are NOT working with
on of Securities			
donate the following securities* to a Charita	able Gift Fund		
Name)	Ticker/Fund #	# of Shares/Units	Estimated Value
Name)	Ticker/Fund #	# of Shares/Units	Estimated Value
Name)	Ticker/Fund #	# of Shares/Units	Estimated Value
Name)	Ticker/Fund #	# of Shares/Units	Estimated Value \$
n four securities are being contributed, attach a list of s	ame with the information requ	ested above to this form	
Four – Recommend Investment Strategy	(Original Donors or Fu	nd Successors On	ly)
ment strategy for these newly gifted assets i	e.		
stent with the investment strategy document scribed in new investment strategy documen	·	ınds Canada	

Section Five - Authorizations & Understandings (Original Donors or Fund Successors Only)

The **CGFCF** is a registered charitable organization (BN # 89671 3500 RR0001) in Canada and is governed by the terms and/or conditions contained in the **Program Guide**.

By signing this form, I/we authorize and direct the CGFCF to make an additional contribution to the Fund with the property described in Section Three – Description of Gifted Assets of this Agreement.

I/We understand that this contribution made to the CGFCF is an <u>irrevocable</u> gift that is not refundable to me/us for any reason. I/We also understand that I/we will be entitled to a donation receipt for the fair market value of the contribution. Once contributions have been accepted, they are the property of the CGFCF, which is governed by an independent board of directors.

The CGFCF may use the personal information I/we have and/or will provide (for example name, address, contact information, donation history) to process my/our donations; administer its charitable services; verify my identity and protect against fraud; to satisfy regulatory obligations and other legal requirements.

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

nor's or Fund Successor's Signa	cure(s)	Date
Six - To be completed by	the Investment Advisor (If ap	plicable)
Investment Advisor Name		
Rep #:	Dealer #:	Branch #:
Company Name		
Address		
City	Province	Postal Code
Telephone	Fax	Email
Investment Advisor's Primar	y Administrative Contact on this	CGF:
Assistant/Associate's Name		
Title		