

Please Print

## Section One – Instructions

Please complete this form as part of the process of making a gift of life insurance to Gift Funds Canada (the “Foundation”). Be sure to have applicable signatures in the two locations where they are requested. The Foundation will become both the owner and irrevocable beneficiary of insurance policy noted herein. Submit the original version of this form to your insurance specialist for processing.

The insurance specialist will send the documents requested to: Gift Funds Canada, 645 Gardiners Rd., Ste. 202, Kingston, ON K7M 8K2

## Section Two – Donor of a New or Existing Policy

A donation receipt will be issued for the fair market value (FMV) of an existing insurance policy to the owner of the policy at the time it is donated to Gift Funds Canada.

### Current Policy Owner:

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

## Section Three – Insurance Policy Information

Insurance Company:	
Face Amount of Policy: \$	Policy #:
Name of Insured same as Donor named above in Section Two: <input type="text"/>	
Name of Insured (if different from Donor):	

## Section Four – Direction for Use of Insurance Policy Proceeds

☐ By signing this agreement, I authorize & direct Gift Funds Canada to add the policy 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 policy proceeds as per the completed/signed Appendix 1 appended to this document.

Existing Policy Donor's Signature

Date

## Section Five – Insurance Premium Payments

Donation receipts will be issued to the Donor who pays the premiums on the insurance policy. Who is making the premium payments?

- ☐ The current policy owner as per information provided in Section Two of this form, **Or:**
- ☐ Another party, as per the information provided below: (Please note that this information will be used to address donation receipts issued for premium payments.)

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

Check the premium payment method you wish to use:

- ☐ **Payment Directly to the Insurance Company:** You may arrange premium payments directly to the insurance company through your insurance specialist. Gift Funds Canada will issue donation receipts to the donor who pays the premiums on this policy. The Foundation will confirm the total amount paid for premiums with the insurance company at the end of each calendar year and issue a donation receipt based on this information.
- ☐ **Directed Donations to Gift Funds Canada:** You may make donations to Gift Funds Canada designated for the payment of insurance premiums on the policy noted herein. The Foundation will issue donation receipts for the fair market value of such contributions and will pay the policy premiums owing. Gift Funds Canada will assess a processing fee of **1%** of the annual premium with a minimum fee of \$100. This is an option that may appeal to donors who wish to use gifts-in-kind such as appreciated securities. Fees will be collected prior to the payment of premiums. Net proceeds from the sale of gifts-in-kind and cash contributed must be sufficient to pay premiums.

## Section Six – Authorizations & Understandings

**Gift Funds Canada** 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 registered owner and beneficiary for the insurance policy referenced herein and the resulting policy proceeds. I understand that the policy proceeds will flow either to an existing charitable gift fund (Fund) or to a new Fund (either Classic or Flex) established to receive the policy 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 Insurance Specialist or Gift Funds Canada if any changes occur.

Premium Payment Donor's Signature

Date

**Section Seven – To be completed by the Insurance Specialist (If applicable)**

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Insurance Specialist Name

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Company Name:

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Rep #:

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Address

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City

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Province

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Postal Code

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Telephone

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Fax

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Email

**Insurance Specialist's Primary Administrative Contact on this policy:**

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Assistant/Associate's Name

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Title

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Telephone

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Fax

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Email

### Section One – Instructions

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

The insurance specialist will send the documents requested 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 insurance proceeds used to establish either:

- ☐ **A *Classic* Charitable Gift Fund:**  
An endowment fund intended to provide a steady, predictable flow of money for grant-making funded from accumulated net income earned by the invested gift capital while preserving the gift capital as provided by the insurance proceeds. 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:**  
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 – Classic Charitable Gift Fund ONLY - Donor Designation of Insurance Proceeds**

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 insurance proceeds are 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 insurance proceeds are 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 money 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 Insurance Specialist/Financial Advisor or by download from the Gift Funds Canada website at [www.charitablegiftfunds.ca](http://www.charitablegiftfunds.ca).

- ☐ 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 (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.		

\*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 – Investment Advisor (If applicable & different from Insurance Specialist)**

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**Investment Advisor Name**

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**Company Name**

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**Address**

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**City****Province****Postal Code**

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**Telephone****Fax****Email**