



Foundation Account Application Form

Section One ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER

Mr. Mrs. Miss Ms. Dr. Estate

(Please print full name including initials)

Mailing Address

City Province Postal Code

Phone Number Email Address

Citizenship

IF JOINT ACCOUNT HOLDER

Mr. Mrs. Miss Ms. Dr. Executor

(Please print full name including initials)

Mailing Address

City Province Postal Code

Phone Number Email Address

Citizenship

For Joint Accounts: Either signature will be accepted for instructions unless otherwise notified.

Section Two FOUNDATION ACCOUNT NAME

Name Your Foundation Account e.g. The Johnson Family Foundation; Ida Perez Memorial Fund etc.

Account Number (assigned by Canada Gives)

Section Three WORKING WITH CHARITIES

NO RESTRICTIONS ON GIVING: Type of Account

We are here to support your individual giving goals and activities. Please let us know how you would like us to set-up your Foundation account.

Choose from the following:

- LONG-TERM:** I/We would like to use this donor advised fund as an endowment-style foundation account that is able to support both immediate and longer term needs in the NFP sector. Donated funds will be invested and grants will be disbursed to charities each year.
- SHORT-TERM:** I/We would like to use this donor advised fund as a short-term or flow through account. Funds are to be held in cash/cash equivalent until disbursed to charity(s).

CHARITY LETTERS: Personal Preferences

All charitable grants disbursed from your Foundation account are accompanied by a letter to the charity. Please let us know how you would like us to draft the letter so you can be appropriately recognized by each charity:

Choose from the following:

- Full Recognition (Account Holder(s) Name + Address and the Foundation account name will be disclosed)
- Partial Recognition etc. (only the Foundation account name will be disclosed)
- Anonymous etc. (complete privacy)

Section Four INVESTMENT MANAGEMENT

I/We understand that the Board of Directors of Canada Gives has the fiduciary obligation for managing the assets in the Foundation account. I/We understand that Canada Gives has the sole and final authority to select any investment managers or dealers, monitor their performance and change the asset allocation and investment management mandates as necessary and in compliance with all applicable laws.

- Notwithstanding the above, where possible I/We would like our investment manager, dealer and/or adviser considered in the management of this account. I/We understand that our adviser may be compensated by the investment manager from the investment management fees, referral fees or by mutual funds through the MER charged to the fund(s). I/We would like my Adviser to receive a copy of my statement.

Advisor Name _____ Email _____ Phone _____

Advisor Admin Contact _____ Email _____ Phone _____

Manager/Dealer _____ Email _____ Phone _____

Section Five SUCCESSOR(S)

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____

- I/We understand that a Letter of Wishes may be placed on file with Canada Gives to indicate which charities we would like to support in the event no successors are placed on file. This letter of wishes may also include a request to deploy all assets as soon as possible after my/our passing or maintain the investment account and disburse grants over time until the foundation is fully liquidated.
- I/We understand that on my/our death, if no successor(s) is named, the Board of Directors of Canada Gives shall assume the role of Granting Advisor to the Foundation account and will endeavour to maintain the Account Holder(s) choices.

Section Six SIGNATURE SECTION

Applicant Agreement

This application outlines the terms and conditions of opening a Foundation Account with Canada Gives. Donor information is collected at the time of completion of the application form for a Foundation Account and from time to time thereafter when you make additional gifts to the Foundation Account, make grant recommendations or otherwise communicate with us or our service providers on our behalf.

Canada Gives may use information to process your gifts, to establish, maintain and manage our relationship with you, including the set up and management of the Foundation Account(s) and maintenance of an accurate record of your involvement to provide you with information regarding the operations of Canada Gives; to verify your identity and to protect against fraud; to satisfy regulatory obligations and other legal requirements; and to create statistics about our operations and understand the current and future needs and preferences of donors. Canada Gives may also offer you opportunities for further giving.

I/We understand that any contribution to the Foundation Account at Canada Gives represents an irrevocable contribution and is not refundable to me/us for any reason. I/We hereby confirm that I and my family will not receive any benefit or advantage as a result of the making of the recommended grant(s) or in the request of preferred investment managers or financial advisers. In particular, the recommended grant(s) do not fulfill a pre-existing legally enforceable pledge and will not be used to pay for tuition or in any way provide a benefit to any of my family members.

I/We acknowledge that Canada Gives is a not-for-profit corporation and a registered charity under the *Income Tax Act* (Canada). I/We understand that Canada Gives will recover fees and costs for administrative, operating and other applicable services from time to time. The Foundation Account shall be subject to the laws applicable to Canadian registered charities, the provisions of Canada Gives' governing documents, the terms of this Agreement and any policies of Canada Gives including but not limited to its Gift Acceptance Policies, SIP&G (take our "Investment Policy") and Disbursement Policy, if any, in effect from time to time.

I/We acknowledge that Canada Gives is not providing legal or tax advice and that we are encouraged to seek our own independent legal counsel and/or tax advisor.

▶ Account Holder Signature _____ Date (dd/mm/yyyy) _____

▶ Joint Account Holder Signature _____ Date (dd/mm/yyyy) _____

VERIFIED AGAINST: (photocopy attached)

VERIFIED AGAINST: (photocopy attached)

Passport Driver's License Number _____

Passport Driver's License Number _____