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Section One – Instructions

Please complete this form to create a **Flex Charitable Gift Fund** (“Fund”) with an irrevocable contribution of **\$100,000** or more to the **Charitable Gift Funds Canada Foundation** (“CGFCF/Gift Funds Canada”). Please review the Charitable Gift Fund Program Guide (“Program Guide”) for information on asset types that can be contributed. By signing this Agreement, you acknowledge that you have received and reviewed the Program Guide, you understand its terms, it forms part of this Agreement and you intend to create the Fund named in Section Three. Please submit the original version of this form and any other applicable documents, to your Investment Advisor for processing.

If you are working directly with CGFCF and **NOT** through a Investment Advisor, then please send the documents to: Gift Funds Canada, 645 Gardiners Rd., Ste. 202, Kingston, ON K7M 8K2

Section Two – Donor Information

There may be more than one Donor establishing the Fund (*e.g., spouses, siblings, friends, relatives, etc.*). Primary & Secondary Donors have full and equal rights to recommend grant disbursements and to elect successors of the CGF. All Fund correspondence will be sent to the Primary Donor of record unless otherwise instructed. The donation receipt(s) will be issued in the name of the Donor of the asset.

Primary Donor:

Corporation (<i>if applicable</i>)*		
Full Name (<i>including title Mr., Mrs., Ms., Dr., etc</i>)		
Mailing Address		
City	Province	Postal Code
Telephone (<i>Home</i>)	Telephone (<i>Business</i>)	
Fax	Email	
Date of Birth (mm/dd/yyyy)	Business # (<i>if corporate donation</i>)	
<p>If the initial donation is from a corporation rather than an individual please provide the corporate name & address. 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.</p>		

Secondary Donor:

Full Name (<i>including title Mr., Mrs., Ms., Dr., etc</i>)		
Mailing Address		
City	Province	Postal Code
Telephone (<i>Home</i>)	Telephone (<i>Business</i>)	
Fax	Email	
Date of Birth (mm/dd/yyyy)		
Relationship to Primary Donor		
<p>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.</p>		

Section Three – 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 CGFCF in writing through your Investment Advisor or directly.

(Charitable Gift Fund Name)

Section Four – Description of Gifted Assets

Donation of Cash

I/We donate the following gift of cash to establish a Flex Charitable Gift Fund (min. \$100,000)

by cheque

Your Investment Advisor will work with you to fund your contribution with a cheque. OR If you are working directly with CGFCF and not through an Investment Advisor, then make the cheque payable to Charitable Gift Funds Canada Foundation.

by transfer/direct deposit from my account

Your Investment Advisor will work with you to transfer your cash. OR Contact CGFCF to make arrangements, if you are NOT working with an Investment Advisor.

Donation of Securities

I/We donate the following securities* to establish a Flex Charitable Gift Fund (min. \$100,000)

Security 1 (Name)	Ticker/Fund #	# of Shares/Units	Estimated Value \$
Security 2 (Name)	Ticker/Fund #	# of Shares/Units	Estimated Value \$
Security 3 (Name)	Ticker/Fund #	# of Shares/Units	Estimated Value \$
Security 4 (Name)	Ticker/Fund #	# of Shares/Units	Estimated Value \$

* If more than four securities are being contributed, attach a list of same with the information requested above to this form.

Section Five – Donor Intentions re Gifted Assets & Investment Policy

I/We the Donor(s) would like the gifted assets used to establish a Flex Charitable Gift Fund and recommend that the gifted capital be invested consistent with my/our philanthropic objectives as discussed with my/our Investment Advisor (identified in Section Eleven) and/or Gift Funds Canada. Where an Investment Advisor is involved, assets will be invested consistent with the investment account opening documents & investment strategy policy (if applicable) developed for this individual charitable gift fund and signed by Gift Funds Canada officers.

Section Six – Appointment of Grant Advisors (Not required. Advisors may be named at a later date.)

Donors may appoint individuals* to advise, act for, or act with them on making grant recommendations (“Grant Advisors”). Grant Advisors will not succeed the donor(s) unless they are also named as CGF Successors.

- My Grant Advisor is aware of this appointment.

Full Name (including title Mr., Mrs., Ms., Dr., etc)		
Mailing Address		
City	Province	Postal Code
Telephone (Home)	Telephone (Business)	
Fax	Email	
Relationship to Primary Donor		

* If more than one Grant Advisor is being appointed, attach a list of same with the information requested above to this form.

Section Seven – Grant Acknowledgements & Recommendations (Not required.)

Grants are made from grantable funds 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 Investment Advisor or by download from the CGFCF website at www.charitablegiftfunds.ca.

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

Section Eight – CGFCF Operating Cost Allocation

CGFCF operating costs* are assessed against each Fund according to the following schedule:

Fund Balance	Annual Rate**
\$ 100,000 to \$ 500,000	1.000 %
\$ 500,001 to \$ 1,000,000	1.000 %
\$ 1,000,001 to \$ 2,500,000	0.900%
\$ 2,500,001 to \$ 5,000,000	0.800 %
\$ 5,000,001 and above	Contact CGFCF for details

* 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 \$55.**Please note that the above costs do not include the investment advisory or management fees payable by CGFCF to Financial Service Providers. Rates are subject to change from time to time, without notice.

Section Nine – CGF Successors (Not required. Successors may be named at a later date.)

Donor(s) may name successors to their Fund. After the death or disability 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/We appoint as the successors to the Fund those persons who serve as the directors of the CGFCF, 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 CGFCF will assume the role by default. If the directors of the CGFCF 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 Ten – Authorizations & Understandings

The CGFCF is a registered charitable organization (BN # 89671 3500 RR0001) in Canada and operates as per the terms and/or conditions contained in the **Program Guide** which is subject to change from time to time without notice.

By signing this form, I/we authorize and direct the CGFCF to create a Fund with the property described in **Section Four – Description of Gifted Assets** of this Agreement.

I/We understand that this contribution made to the CGFCF is an **irrevocable** 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.

As the Donor(s), I/we understand that I/we may make written recommendations for grants to Qualified Donees consistent with Canada Revenue Agency regulations. I/We also understand that no grants may be made for any private benefit (for example dues, benefit tickets, etc.) or to support any political campaign activities.

While it is the CGFCF's intention to fulfill the Donor's requests, I/we further agree that Gift Funds Canada is legally responsible for determining the amount and recipient(s) of any grant(s). The CGFCF may use the personal information I/we have and/or will provide (for example name, address, contact information, donation history and grant recommendations) to process my/our donations; administer its charitable services; establish and maintain a relationship with me/us, establish and manage my/our Charitable Gift Fund; verify my identity and protect against fraud; to satisfy regulatory obligations and other legal requirements.

In providing its charitable services, I/we understand that Gift Funds Canada may have to share my/our personal information with other persons: where the other parties are grant recipients and I/we have consented to being recognized and identified as the Donor(s); where other parties are the CGFCF's third party service providers, suppliers or agents who assist Gift Funds Canada in providing its services; and where it is required or permitted to do so by law.

Provided that no amendment or variation may be made to any trust created by the establishment of the Fund which would vary its charitable purposes, objects or qualification as a charity, the provisions of any such trust may be amended or varied with the written consent of CGFCF, together with the Primary Donor(s). After the disability or death of the Primary Donor(s), the person or persons designated as successors in respect of the Fund shall have the right to consent to any such amendment or variation with Gift Funds Canada.

To the best of my/our knowledge, all information disclosed is accurate, and I/we will immediately notify my Investment Advisor or the CGFCF if any changes occur. As the primary Donor(s), I/we also understand that Gift Funds Canada will allocate operating costs (as described in this Agreement) against the Fund and pay investment advisory or management fees in accordance with its policies and procedures, all in accordance with the directions given by me/us in this Agreement. My/our signature(s) below evidence my/our agreement and acceptance of all terms, conditions and options selected in all parts of this Agreement and its attachments.

Primary Donor's Signature

Date

Secondary Donor's Signature

Date

Section Eleven – To be completed by the Investment Advisor (If applicable)

Investment Advisor Name

Rep #: Dealer #: Branch #:

Company Name

Address

City Province Postal Code

Telephone Fax Email

Investment Advisor's Primary Administrative Contact on this CGF:

Assistant/Associate's Name

Title

Telephone Fax Email