

Section One ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER

Mr. Mrs. Miss Ms. Dr. Corporation*

(Please print full name including initials)

Mailing Address

City Province Postal Code

()

Phone Number

Email Address

Citizenship

Social Insurance Number

* Provide photocopy of Corporate Resolution and Articles of Incorporation

IF JOINT ACCOUNT HOLDER

Mr. Mrs. Miss Ms. Dr. Corporation*

(Please print full name including initials)

Mailing Address: (if different than Account Holder)

City Province Postal Code

()

Phone Number

Email Address

Citizenship

Social Insurance Number

For Joint Accounts: Signature(s) required for instructions

Both Either

Section Two SELECTION OF CHARITIES

As listed below

List attached

List to follow at later date

Name of Canadian Registered Charity or Qualified Donee

Gift Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Your Privacy

All grants made to charities from the Account are accompanied by a letter indicating the gifts were made from the individual Account at Canada Gives. These grants may be disbursed with anonymity or with full disclosure of the account holder's name and address in the letter.

Recommended Grants from the Account

I/We acknowledge that the selected charities or qualified donees are approved by Canada Revenue Agency to the best of my/our knowledge. I/We further acknowledge that these recommendations are subject to final approval by the Board of Directors of Canada Gives and that Canada Gives will disburse the grants from this Account. I/We understand that we can change/add recommendations for grant recipients on this Account at any time in writing to Canada Gives. If no charity is selected, the Board of Directors of Canada Gives will grant the minimum annual disbursement required by law from the Account to a registered charity.

Section Three PROFESSIONAL ADVISER INFORMATION

I/We have been introduced to Canada Gives by a professional adviser and I/we would like my Adviser to receive a copy of my/our reports.

Name _____ E-mail _____

Company _____ Phone Number (____) _____

Address _____ Dealer/Rep. No. _____

Section Four SIGNATURE SECTION

Applicant Agreement

This application outlines the terms and conditions of opening an Account with Canada Gives. Donor information is collected at the time of completion of the application form for an Account and from time to time thereafter when you make additional gifts to the 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 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 will not provide your personal information to other persons unless you have consented; where the other parties are our service providers, suppliers or agents; and where we are required or permitted to do so by law.

I/We understand that any contribution to the 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 not providing legal or tax advice and that we are encouraged to seek our own independent legal counsel and/or tax adviser.

I/We acknowledge that Canada Gives is a not-for-profit corporation and a registered charity in Canada. I acknowledge and accept that a minority of Board of Directors of Canada Gives may be paid employees or Officers of Canada Gives.

▶ Account Holder Signature

Date (mm/dd/yyyy)

▶ Joint Account Holder Signature

Date (mm/dd/yyyy)

VERIFIED AGAINST: *(photocopy attached)*

Passport Driver's License Health Insurance Card

VERIFIED AGAINST: *(photocopy attached)*

Passport Driver's License Health Insurance Card

Number _____

Number _____