

# 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

Social Insurance Number

Residency (if different than mailing address)

### IF JOINT ACCOUNT HOLDER

Mr.  Mrs.  Miss  Ms.  Dr.  Executor

(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

Residency (if different than mailing address)

**For Joint Accounts: Signature(s) required for instructions**

Both  Either

## Section Two FOUNDATION ACCOUNT INFORMATION

**Name the Foundation Account** e.g. The Johnson Family Foundation; Ida Johnson Memorial Fund etc.

Account Number (assigned by Canada Gives)

## Section Three 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 Four INVESTMENT MANAGEMENT INFORMATION

- I/We understand that the Board of Directors of Canada Gives has the fiduciary obligation of 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.

Company \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Contact/Adviser \_\_\_\_\_ Email Address \_\_\_\_\_

## Section Five SUCCESSOR(S)

- As listed below    List attached    List to follow at a later date

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

- 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 charge fees and costs for administrative, operating and other applicable services 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.

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 Policy, Investment Policy and Disbursement Policy, if any, in effect from time to time.

▶ Account Holder Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

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

VERIFIED AGAINST: (photocopy attached)

VERIFIED AGAINST: (photocopy attached)

Passport    Driver's License

Passport    Driver's License

Number \_\_\_\_\_

Number \_\_\_\_\_