Corporate Foundation Account Application Form

Section One ACCOUNT HOLDER INFOR	RMATION			
ACCOUNT HOLDER	AU	THORIZED CO	MPANY REPRES	SENTATIVE
Sole Proprietor Partnership Holdco Incorporation Other		Mr. Mrs. Miss Ms. Dr. List attached		
(Please print full name including initials)		(Please print full name including initials)		
Head Office Address		Mailing Address (if different than Account Holder)		
City Province P	Postal Code City		Province	Postal Code
Phone Number Fax Number	Pho	ne Number	Email Address	s
Place of Registration Business Number	Title			Social Insurance Number
Nailing Address (if different than mailing address)	Loc	Location (if different than mailing address)		
Please provide a photocopy of the Articles of Incorporation		Signature(s) required for instructions		
Name Your Foundation Account e.g. ABC Company Fou			on for the Environme ccount Number (assign	
Section Two FOUNDATION ACCOUNT N Name Your Foundation Account e.g. ABC Company Fou				
Name Your Foundation Account e.g. ABC Company Fou		A	ccount Number (assign	
Name Your Foundation Account e.g. ABC Company Fou	undation or The XYZ C	A	ccount Number (assign	ed by Canada Gives)
Name Your Foundation Account e.g. ABC Company Fou Section Three SELECTION OF CHARITIES	undation or The XYZ C	A	ccount Number (assign	ed by Canada Gives) Ilow at later date
Name Your Foundation Account e.g. ABC Company Fou Section Three SELECTION OF CHARITIES	undation or The XYZ C	A	ccount Number (assign	ed by Canada Gives) Ilow at later date
Name Your Foundation Account e.g. ABC Company Fou Section Three SELECTION OF CHARITIES	undation or The XYZ C	A	ccount Number (assign	ed by Canada Gives) Ilow at later date
Name Your Foundation Account e.g. ABC Company Fou	undation or The XYZ C	A	ccount Number (assign	ed by Canada Gives) Ilow at later date
Name Your Foundation Account e.g. ABC Company Fou	undation or The XYZ C	A	ccount Number (assign	ed by Canada Gives) Ilow at later date
Name Your Foundation Account e.g. ABC Company Fou	undation or The XYZ C	A	ccount Number (assign	ed by Canada Gives) Ilow at later date

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 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 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.

Company	Phone Number
Address	
Contact/Adviser	Email Address

Section Five 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 (dd/mm/yyyy)	► Joint Account Holder Signature	Date (dd/mm/yyyy)
VERIFIED AGAINST: (photocopy attached) Passport Driver's License		VERIFIED AGAINST: (photocopy attached) Passport Driver's License	
Number		Number	

09/19