



Please complete this form when making a gift of Life Insurance to Canada Gives. Canada Gives must become both the owner and irrevocable beneficiary of the donated Insurance Policy, but the proceeds from the Policy can be directed to a restricted donor advised fund, referred to as a "Foundation account". Please submit the original version of this form to your insurance advisor, or directly to Canada Gives.

Foundation Account Name \_\_\_\_\_ Foundation Account Number \_\_\_\_\_

Initial Donation  Additional Donation

Section One DONOR INFORMATION

Once the gift is approved by the Board of Directors at Canada Gives, an Official Donation Receipt for Income Tax purposes will be issued to the owner of an existing policy.

CURRENT POLICY OWNER

Mr.  Mrs.  Ms.  Dr.  Estate  Corporation\*  Other

(Please print full legal name)

Address

City Province Postal Code

Phone Number Website/Email Address

Residency / Place of Registration Social Insurance / Business Number

Mailing address (if different from address)

\*Please provide a photocopy of the Letters Patent & List of Directors

IF JOINT OWNER(S)

Mr.  Mrs.  Ms.  Miss.  Dr.  List attached

(Please print full legal name)

Address

City Province Postal Code

Phone Number Website/Email Address

Title Social Insurance

Mailing address (if different from address)

Signature(s) required for instructions:  One  More than one

Section Two INSURANCE POLICY INFORMATION

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Face Amount of Policy: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province Postal Code

Name of Insured:  Same as Donor  Different Party: \_\_\_\_\_

Section Three INSURANCE PREMIUM PAYMENTS (if applicable)

Official Donation receipts for Income Tax purposes will be issued to the donor who pays the premiums on the Insurance Policy. Please identify who is making the annual premium payments:

Current Policy Owner and Donor  Another Party, as indicated below

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province Postal Code

Contact Information: Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### CHECK THE PREMIUM PAYMENT METHOD YOU WISH TO USE:

**Directly to the Insurance Company**

Official donation tax receipts will be issued when confirmation of the premium payment has been provided by the Insurance Company. An annual confirmation fee of \$250 will apply; such fee will be deducted from the assets in the Foundation account.

**Donation to Canada Gives, Designated to Pay Annual Premium**

Canada Gives will issue official donation tax receipts for these directed gifts of cash or securities in kind and will pay the premium owing. A processing fee of 1% of the annual premium will apply, with a minimum of \$250; such fee will be deducted from the contribution prior to the payment of premiums.

### Section Four FINANCIAL ADVISOR CONTACT INFORMATION

Advisor Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Province Postal Code

### Section Five FINANCIAL DIRECTION and SIGNATURE SECTION

I/We hereby give this Insurance Policy absolutely to Canada Gives, a public foundation and registered charity (BN# 83306 2144 RR001), as a gift with the proceeds from the Policy to be held in the Foundation Account named herein. The proceeds from this Policy are to be treated as an "Endowment Gift" in the Foundation Account.

It is understood that an Endowment Gift is intended to be a permanent fund and invested to provide annual funding to charities over many years. Subject to the law under the Income Tax Act (Canada), Canada Gives will disburse \_\_\_\_\_ annually to another registered charity(s) as selected by the Foundation Account Holder, less the applicable administration fees charged by Canada Gives from time to time.  
*\$amount or % amount*

Subject to this Direction of Donation, Canada Gives may apply for its charitable purposes such portion of the income, capital gains and original capital of the Endowment Gift or property substituted for it (whether realized or accrued) as is permitted by law from time to time.

► Signature of Donor \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

► Joint Signature (if required) \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

VERIFIED AGAINST: (photocopy attached)

Passport  Driver's License

Number: \_\_\_\_\_

VERIFIED AGAINST: (photocopy attached)

Passport  Driver's License

Number: \_\_\_\_\_