

## Corporate Foundation Account Application Form

Section One ACCOUNT HOLDER INFORMATION				
ACCOUNT HOLDER	AUTHORIZED COMPANY REPRESENTATIVE			
☐ 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 Postal Code	City	Province	Postal Code	
Phone Number Fax Number	Phone Number	Email Address		
Place of Registration Business Number	Title	Social Ins	surance Number	
Mailing Address (if different than mailing address)	Location (if different than mailing address)			
*Please provide a photocopy of the Articles of Incorporation	Signature(s) required for instructions			
rease provide a proceedary of the vitables of moorporation	One More than One			
Section Two FOUNDATION ACCOUNT NAME				
Name Your Foundation Account e.g. ABC Company Foundation or The X	YZ Company Foundati	on for the Environment etc.		
	Account Number (assigned by Canada Gives)			
Section Three SELECTION OF CHARITIES				
As listed below List att	☐ As listed below ☐ List attached ☐ List to follow at later date			
Name of Canadian Registered Charity or Qualified Donee		Gift Amount or % o	of Annual Grants	
Your Privacy				
All grants made to charities from the Account are accompanied by a letter indica grants may be disbursed with anonymity or with full disclosure of the account he			t Canada Gives. These	
Recommended Grants from the Account  I/We acknowledge that the selected charities or qualified donees are approve acknowledge that these recommendations are subject to final approval by the grants from this Account. I/We understand that we can change/add recomme Gives. If no charity is selected, the Board of Directors of Canada Gives will gregistered charity.	e Board of Directors of endations for grant recip	Canada Gives and that Canada pients on this Account at any tim	Gives will disburse the ne in writing to Canada	

Section Four	INVESTMENT MANA	AGEMENT INFORI	MATION			
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 Agree	ment					
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.						
the Foundation Ac Gives; to verify yo	count(s) and maintenance of an ur identity and to protect agains	accurate record of your inv st fraud; to satisfy regulator	and manage our relationship with you, including the olvement to provide you with information regarding y obligations and other legal requirements; and to ors. Canada Gives may also offer you opportunities	g the operations of Canada create statistics about our		
any reason. I/We he request of preferre	ereby confirm that I and my fami	ily will not receive any benef cial advisers. In particular, the	sives represents an irrevocable contribution and is r t or advantage as a result of the making of the recor e recommended grant(s) do not fulfill a pre-existing ny family members.	mmended grant(s) or in the		
	that Canada Gives is a not-for-pees and costs for administrative, o		ered charity under the <i>Income Tax Act</i> (Canada). I/V le services from time to time.	Ve understand that Canada		
I/We acknowledge advisor.	that Canada Gives is not provid	ing legal or tax advice and t	hat we are encouraged to seek our own independe	nt legal counsel and/or tax		
	ement and any policies of Canada		egistered charities, the provisions of Canada Gives' ted to its Gift Acceptance Policy, Investment Policy			
► Account Holde	r Signature	Date (dd/mm/yyyy)	➤ Joint Account Holder Signature	Date (dd/mm/yyyy)		
VERIFIED AGAIN	NST: (photocopy attached)		VERIFIED AGAINST: (photocopy attached)			
Passport	☐ Driver's License		Passport Driver's License			
Number N			Number			

08/23