

Please Print

Please complete this form when the **Charitable Gift Funds Canada Foundation** is named as the new owner of a life insurance policy and submit with policy documents.

Policy Information:

Policy Face Amount:	\$	Cash Value (if known): \$
Name(s) of Insured:		
Donor Name(s): <small>(If different from above.)</small>		Insurance Company:
Address:		Policy #:
	City:	Prov. Postal Code:

The **CGFCF** is a registered charitable organization (BN # 89671 3500 RR0001) in Canada and is governed by the terms and/or conditions contained in the **Program Guide**. By signing this form, I/we authorize and direct the CGFCF to purchase and/or maintain a life insurance policy on the insured named above for the purposes described in Appendix A of this document.

I/We understand that this & subsequent contributions made to the CGFCF are **irrevocable** and not refundable to me/us for any reason. I/We also understand that I/we will be entitled to a donation receipt for the fair market value of the contribution. Once contributions have been accepted, they are the property of the CGFCF, which is governed by an independent board of directors.

Grant Recommendations:

As the Donor(s), I/we understand that I may make written recommendations for grants to qualified registered charities, and it is also understood that grants may only be made to such entities. No grants may be made to private non-operating foundations, to satisfy pre-existing pledges, for any personal or family benefit (e.g., dues, benefit tickets, etc.) or to support any political campaign activities. I have completed **Appendix A**, providing the information required by the CGFCF to administer the grants to be disbursed under this agreement.

While I/we understand the Foundation's intention is to fulfill a donor's request concerning grant disbursements, I further understand that the CGFCF is legally responsible for determining the amount and recipient(s) of any grant(s). The CGFCF may use the personal information I have and/or will provide (e.g., name, address, contact information, donation history & grant recommendations) to process my donations; administer its charitable services; establish and maintain a relationship with me, establish & manage my Charitable Gift Fund (if applicable); verify identity and protect against fraud; all to satisfy regulatory obligations and other legal requirements.

Charitable Administration Fee Schedule:

A charitable administration fee will be charged by the CGFCF against the proceeds realized from the policy described above, as outlined in the following schedule. This *one-time* fee will be collected by the CGFCF on receipt of the policy proceeds and the remaining balance will be disbursed for charitable purposes, consistent with the recommendations described in **Appendix A** of this agreement.

Policy Proceeds	One-Time Administration Fee	Note to Reader
up to \$1,000,000	1.00%	<i>The Charitable Administration Fee is the primary source of operating revenue for the Foundation. Fee revenue is used to sustain and advance CGFCF philanthropic programs and activities.</i>
\$1,000,001 to \$2,500,000	0.75%	
\$2,500,001 to \$5,000,000	0.65%	
\$5,000,001 and above	Contact CGFCF for details	

In providing its charitable services, I/we understand that the CGFCF may have to share my personal information with other persons: where the other parties are grant recipients and I have consented to being recognized and identified as the donor(s); where other parties are the Foundation's third party service providers, suppliers or agents who assist CGFCF in providing its services; and where it is required or permitted to do so by law.

Amendment:

As the Donor(s), I/we understand that this agreement may be amended at any time by mutual consent with the CGFCF during my lifetime. If changed circumstances should at some future time make it impractical or impossible to disburse the proceeds for the purpose(s) initially recommended here, and I am either not living or not able to consent to an amendment, then the CGFCF Board of Directors is hereby empowered to redirect the disbursement of the policy proceeds to other qualifying charities, but in a manner consistent with my original gift intentions.

Primary Donor's Signature

Date

APPENDIX A

Instructions: Please complete the following relevant sections to best describe how you would like the policy proceeds to be disbursed under this agreement. Please note that the *charitable administration fee* charged by CGFCF will first be deducted from the policy proceeds realized and the remaining balance will be disbursed, wherever possible, consistent with the donor's written recommendations as described here:

1) Use Proceeds to establish (\$25,000 *minimum*) or fund an existing Charitable Gift Fund with CGFCF:

I/we hereby authorize and direct the CGFCF to create a **Charitable Gift Fund**, to be funded by policy proceeds. I understand that a *separate agreement form* will need to be completed. This form will be sent to me by the CGFCF upon receipt of this direction form.

I/we hereby authorize and direct the CGFCF to add the policy proceeds to my existing **Charitable Gift Fund**.
Fund Name: _____ Fund ID # _____

I/we would like the charitable gift fund to receive _____% of the policy proceeds realized. I understand that this contribution will be administered according to the Canada Revenue Agency's (CRA) regulations for gifts of 'enduring property'.

Important Note to Donor(s): If you wish to fund your CGF with the **full** policy proceeds, please *do not complete* the rest of this form. (You will be asked to describe your charitable interests in the separate agreement that will be sent to you for completion). If you wish to create your CGF with only a **portion** of the policy proceeds, please complete the next section describing the other charities you recommend to receive grants on a one-time *flow-through* basis.

2) Use Proceeds to recommend Flow-Through Grants to other Charities:

I/we hereby recommend that the following charities receive a grant from the CGFCF under this agreement, based on the following percentages (calculated on the balance of policy proceeds available, net of expenses):

Information about the Charities <small>(Please complete for CGFCF reference)</small>	Recommended Allocations (%) <small>(column must total 100%, including any percentage amount committed for a CGF above)</small>	Donor Recognition Options <small>(Please ✓ applicable boxes)</small>
Organization: _____ Address: _____ City: _____ Prov: _____ Postal: _____		<input type="checkbox"/> Share my/our name(s) <input type="checkbox"/> Make this grant anonymously
Organization: _____ Address: _____ City: _____ Prov: _____ Postal: _____		<input type="checkbox"/> Share my/our name(s) <input type="checkbox"/> Make this grant anonymously
Organization: _____ Address: _____ City: _____ Prov: _____ Postal: _____		<input type="checkbox"/> Share my/our name(s) <input type="checkbox"/> Make this grant anonymously
Organization: _____ Address: _____ City: _____ Prov: _____ Postal: _____		<input type="checkbox"/> Share my/our name(s) <input type="checkbox"/> Make this grant anonymously

Note: If more charities are to be recommended for *flow-through* grants, then please provide the relevant information on a *separate* sheet and attach it to this form.