#### I. Introduction

Security/Fund Description (Name)

This Gift Form should be used to provide Benefaction Foundation ("Benefaction") with formal instructions for donations to our organization. Please complete the required information depending on the type of donation being made:

- Donation to your own Donor Advised Fund
- Donation to a third-party's Fund at Benefaction
- Flow Through Direct donation to charity

II. Donor Details	Full Name (including initial)					
Title (Mr., Mrs., Miss, Ms., Dr., Corporation)	Full Name (including initials)					
Street Address			City	F	Province	Postal Code
Telephone Number	Email Address		E	Business Number (if applicable)		
Residency (If different than mailing address)						
Provide a photocopy of a valid	Passport or Driver's Lic	ense for	signature verificatior	unless the donc	r is vei	rified by the
Investment Advisor OR if a bus	siness, provide a copy of	f the Corp	porate Resolution an	d Articles of Inco	rporati	on and
Business Number unless the co	orporation is verified by	the Inve	stment Advisor <i>(see l</i>	For Advisor Use C	Only).	
III. Donation						
Prior to transferring cash or se			mail a completed cop	by of this form to	your A	Advisor and
copy Benefaction at donor_se					, .	
Benefaction requires a Letter of	of Authorization (LOA) c	confirmin	g the donation in-kin	d or in cash and/	or the	completion (
the donation details below.						
☐ Letter of Authorization	n attached					
☐ See details below						
Danation of Cook						
Donation of Cash			1 A			
☐ I hereby donate the follow	ing cash sum to Benefa	iction Fol	undation: \$	·		
☐ By cheque						
☐ By one-time transfer f	rom my/our investment	t account	-			
Name of Delivering Institution		Account N	Account Name			nt Number
Donation of Securities						
☐ I hereby authorize the tran	asfer of securities from	my accou	int to the following a	ccount for Renet	action	Foundation
hereby acknowledge that		-	=			
and that this amount may				e of transfer for t	ax icc	Tipt valuation
Name of Delivering Institution	differ from the proceed				Accou	nt Number
Name of Benvering institution		Account Name (Donor's Account)			710000	ne reamber
		Account N			Accou	nt Number
		Benefaction Foundation				
Securities in-kind donations m	ay include publicly listed	d shares,	units in a mutual fur	d or bonds. Indic	cate if a	any securities
are in certificate form.						
Security/Fund Description (Name)			Symbol/CUSIP or Fund Code	Quantity (Shares/Units)	Estima \$	ated Value
Security/Fund Description (Name)			Symbol/CUSIP or Fund Code	Quantity (Shares/Units)	Estima	ated Value

☐ See List attached (if your list of securities requires more space, please provide on a separate instruction page)

Symbol/CUSIP or Fund Code

Estimated Value

\$

Quantity (Shares/Units)

(the "Fund").



### IV. Direction

Donatio	on to a Benefaction Donor Advised Fund	
	I direct this donation to:	

I understand that this gift is gover the Fund, including relevant do	verned by the Donor Agreement established bet onation fees.	ween Benefaction Fo	oundation and
Flow-Through Direct Donation to Chari	ty		
\$100,000 and 0.50% on the rer	lowing charities. I understand that Benefaction versions of the value of this donation. A minimure for each additional grant applies.		
Charity Name		CRA Registration #	Gift Amount (% of total)
Charity 1			%
Additional information: Add any special instructions for your	r grant such as the name of a specific program you would like to fund or a c	ontact person at the charity.	
Charity 2			%
Additional information			
Charity 3			%
Additional information			
Charity 4			%
Additional information			
Charity 5			%
Additional information			
Charity 6			%
Additional information			
		TOTAL	100%

#### V. Privacy

I acknowledge that Benefaction may use my information to process gifts, administer delivery of charitable services, establish, maintain and manage our relationship, including set up and management of the Fund and maintenance of an accurate record of my involvement; provide information regarding the operations of the Fund and offer further opportunities to give; verify my identity and protect against fraud; satisfy regulatory obligations and other legal requirements; and to create statistics about Benefaction's operations and understand the current and future needs and preferences of donors.

☐ See List attached (if your list of grants requires more space, please provide on a separate instruction page)

I further acknowledge that, in administering its charitable services, Benefaction may provide my personal information to other persons: where the other parties are grant recipients and I have consented below to be recognized; where the other parties are Benefaction's third-party service providers, suppliers or agents who assist Benefaction in providing their services; and where they are required or permitted to do so by law.

# BENEFACTION

The third-party service providers Benefaction engages with are asked to respect their privacy practices and do not use any personal information for purposes other than to carry out their instructions or provide services for them. To find out more about Benefaction's privacy practices, please refer to the Privacy Policy posted at www. benefaction.ca.

These grants may be disbursed with Please indicate your preference. <i>(D</i>	n anonymity or with full donors to their own person	isclosure of the do nal Benefaction Fu	cating the gifts are made from the donor. onor's name and address in the letter. and need not complete this information.)  ion Fund, including my name and address
VI. Signature			
I understand that this <b>donation rep</b> refundable to me for any reason.	resents an irrevocable gif	t to Benefaction F	<b>oundation</b> , a registered charity, and is not
Donor name	Donor signature	2	Date
	For Adviso	or Use Only	
Investment Firm			
Advisor Name(s)			Telephone Number
Address			Email Address
Please select the appropriate optio	n below and provide the I	requested informa	ation.
☐ I hereby certify that the Donor has a valid Passport or Driver's License for		Identification Number	
☐ I hereby certify that the Donor is a provided a photocopy of the Corpora of Incorporation and Business Number	te Resolution and Articles	Business Number	
☐ I hereby certify that the Donor is a exempt from identity verification, or t Proceeds of Crime (Money Launderin	he client's identity has beer		and that the client is tive means, in accordance with Canada's ulations.
I acknowledge and agree to provide should it be required in an audit or			ation used to verify the client's identity, est.
Advisor name	Advisor signatur	re	Date



## Appendix: Flow-Through Direct Donation Instructions

Charity Name	CRA Registration #	Gift Amount (% of total)
Charity 1		%
Additional information: Add any special instructions for your grant such as the name of a specific program you would like	to fund or a contact person at the charity.	
Charity 2		%
Additional information		
Charity 3		%
Additional information		
Charity 4		%
Additional information		
Charity 5		%
Additional information		70
Charity 6		%
Additional information		%
Charity 7		
Additional information		%
Charity 8		
Additional information		%
Charity 9		
Additional information		%
Charity 10		%
Additional information		
Charity 11		%
Additional information		
Charity 12		%
Additional information	1	
	TOTAL	100%