

**Direction**

**Donation of Cash**

I/We hereby donate the following cash sum<sup>†</sup> to BenefAction Foundation: \$

I/We understand that all gifts are irrevocable.

by cheque payable to **BenefAction Foundation**       by transfer from my Account:

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Account Name         | Account No.          | Branch Code          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Donation of Securities**

I/We hereby authorize the transfer of securities<sup>†</sup> from my account to the following account for BenefAction Foundation.

|                                |   |                               |
|--------------------------------|---|-------------------------------|
| Name of Delivering Institution | Account Name ( <i>Donor's Account</i> ) | Account Number                |
| Name of Receiving Institution  | Account Name                            | Account Number                |
| MACKIE RESEARCH CAPITAL CORP   | BENEFACTION FOUNDATION                  | 21B2C1E (CDN) / 21B2C1F (USD) |

I/We direct this donation to the following Donor Advised Fund with BenefAction. I/We understand that this gift is governed by the Donor Agreement established between BenefAction Foundation and the Fund.

Fund Name

I/We direct this donation to the following charities. I/We understand that BenefAction Foundation will receive a fee of 1% on the first \$100,000 and 0.50% on the remainder of the value of this donation. A minimum fee of \$100 for the initial grant and a minimum fee of \$15.00 for each additional grant applies.

|                      |                      |
|----------------------|----------------------|
| Charity Name 1       | CRA Registration #   |
| <input type="text"/> | <input type="text"/> |
| Charity Name 2       | CRA Registration #   |
| <input type="text"/> | <input type="text"/> |
| Charity Name 3       | CRA Registration #   |
| <input type="text"/> | <input type="text"/> |

<sup>†</sup> Donation receipt will be issued for amount received

**Security Details**

Securities in-kind donations may include publicly listed shares, units in a mutual fund or bonds. Indicate if any securities are in certificate form.

|  |                      |                      |                       |
|--|----------------------|----------------------|-----------------------|
| <b>Security 1</b> ( <i>Description</i> ) | Account No.          | Number of Units      | Estimated Value<br>\$ |
| <input type="text"/>                     | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <b>Security 2</b> ( <i>Description</i> ) | Account No.          | Number of Units      | Estimated Value<br>\$ |
| <input type="text"/>                     | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <b>Security 3</b> ( <i>Description</i> ) | Account No.          | Number of Units      | Estimated Value<br>\$ |
| <input type="text"/>                     | <input type="text"/> | <input type="text"/> | <input type="text"/>  |
| <b>Security 4</b> ( <i>Description</i> ) | Account No.          | Number of Units      | Estimated Value<br>\$ |
| <input type="text"/>                     | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

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

| Donor Details   |                  |  |                         |
|---|------------------|--|-------------------------|
| Title ( <i>Mr., Mrs., Miss, Ms., Dr., Corporation<sup>†</sup></i> ) |                  | Full Name ( <i>including initials</i> )        |                         |
| Street Address  |                  | City   | Province                |
| Postal Code   | Telephone Number | Email Address                                  | Citizenship             |
| Date of Birth ( <i>mm/dd/yyyy</i> )                                 |                  | Relationship to Primary Donor                  | Social Insurance Number |
| Business Number*  |                  | Residency ( <i>if different than mailing</i> ) |                         |

**Please provide a photocopy of a valid Passport or Driver's License for signature verification** for each donor and successor unless the individual is verified by the Investment Advisor. \*If a business, provide photocopy of Corporate Resolution and Articles of Incorporation and your Business Number.

Indicate if you are a third party donating to an existing BenefAction Donor Advised Fund. Information collected will be used to inform the primary donor of the Fund of your gift and to issue you with a tax receipt.

<sup>†</sup>If your donation is coming from a joint account, please provide Donor Details for the person to whom BenefAction should issue the tax receipt.  
<sup>\*</sup>If your donation is coming from a business account, your Business Number will be required.

**Your Privacy**

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 our operations and understand the current and future needs and preferences of Donors.

In administering the charitable services of BenefAction, we may provide your personal information to other persons: where the other parties are grant recipients and you have consented below to be recognized; where the other parties are our third party service providers, suppliers or agents who assist us in providing our services; and where we are required or permitted to do so by law.

All grants made to charities from BenefAction are accompanied by a letter indicating the gifts were made from the individual Fund with BenefAction. These grants may be disbursed with anonymity or with full disclosure of the donor's name and address in the letter. Please indicate your preference.

I/We prefer to be anonymous  
 I/We prefer to be identified personally to the recipient charity(s)  
 I/We prefer that the name of the Fund only be identified to the recipient charity(s)

**Signature**

I/We understand that this **donation represents an irrevocable gift to BenefAction Foundation**, a registered charity, and is not refundable to me.

|           |                            |
|-----------|----------------------------|
| Donor(s): | Date ( <i>mm/dd/yyyy</i> ) |
|-----------|----------------------------|

**Instructions**

Please forward this completed and signed instruction, along with any other required documents, to BenefAction Foundation.