

I. Account Information

Donor Advised Fund Name:	Account No.
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Please use the grant recommendations below:

On a one-time basis On a recurring annual basis On a specific date (*see below*)

II. Recommended Grants

The grants should be apportioned as follows (*identify the charities the donor wishes to support*):

Charity Name	CRA Registration #	Gift Amount \$ or %	
Charity 1		\$	%
Charity 2		\$	%
Charity 3		\$	%
Charity 4		\$	%
Charity 5		\$	%
TOTAL:		\$	%

III. Additional Information

Additional Information about the direction of the gift. *Add any special instructions or the name of specific programs that you would like to fund.*

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IV. Recommendation Acknowledgement

I/We acknowledge that while the selected charities are currently registered as charities with the Charities Directorate of the Canada Revenue Agency and they are considered qualified donees under the *Income Tax Act* (Canada) and therefore eligible for a grant from BenefAction Foundation; in the event that any one or more of such selected charities either ceases to operate or loses its status as a qualified donee then the Board of Directors of the BenefAction Foundation may in their discretion distribute the amount mandated by the then current granting policy of the BenefAction Foundation to such other qualified donees providing services or conducting activities which are similar to my selected charity. I/We also acknowledge that these recommendations are only recommendations and they are subject to approval by the Board of Directors of BenefAction Foundation. In the event that I/We do not provide any grant recommendations or the recommendations are not sufficient after being contacted by the BenefAction Foundation then the BenefAction Foundation shall disburse the funds required according to the aforesaid granting policy. I/We hereby confirm that my family and those not at arms-length from me, will not receive any benefit or advantage from any of the grants that I/We am recommending. As well none of the grants are to fulfill a legally binding pledge agreement.

Donor Name	Signature of Donor	Date (mm/dd/yyyy)
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