

DONOR ADVISED FUND APPLICATION

1. CONTACT INFORMATION

Applicant 1:

Title:	Full Name:	Social Insurance Number:	
Email:		Phone:	Date of Birth:
Address:		City:	Province: Postal Code:

Applicant 2: (if joint application)

Title:	Full Name:	Social Insurance Number:	
Email:		Phone:	Date of Birth:
Address:		City:	Province: Postal Code:

Next of Kin: (Emergency contact information for a Power of Attorney, Executor, or a family member)

Full Name:	Phone:	Email:	Relationship:
Address:		City:	Province: Postal Code:

2. AGREEMENT INFORMATION:

Earnings Type: (select one)	☐ 2% Interest	OR	☐ Pool Return (market growth of investment pool, some volatility)
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Alternate Gift Officers: Who will be allowed to make gifts from this fund?

Final Gift Distribution: How will funds be distributed upon the death of the primary donor(s)?		
☐ According to an attached Letter of Direction	☐ At the discretion of the Alternate Gift Officers	☐ Based on 36-month giving history

Other / Notes:

3. OTHER INFORMATION:

Date:	How did you hear about us?
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