

DONOR ADVISED GIVING FUND APPLICATION

Please complete the following application to establish a Covenant Foundation Giving Fund (donor advised) with the Canadian National Christian Foundation (CNCF). For complete policies and fund information, read Covenant Foundation's Donor Advised Funds Policies and Guidelines at www.covenant.ca.

GIVING FUND INFORMATION

FUND NAME

What would you like to name this fund?

For example: The Smith Family Giving Fund, or the John 3:16 Fund, or The First Church Fund, etc. The fund name and your name will appear on all fund correspondence, as well as all correspondence that accompanies any grants (distributions) from the fund, unless you request anonymity.

CONTRIBUTOR INFORMATION

This donation form is:

INDIVIDUAL FAMILY MINISTRY CHURCH COMPANY

If this fund is being established by a church, ministry or company, state name here: _____

DONOR CONTACT INFORMATION

DONOR OR ADVISOR 1*

DONOR OR ADVISOR 2* Joint Fund?* YES NO

MR./MRS. FIRST NAME INITIAL LAST NAME

MR./MRS. FIRST NAME INITIAL LAST NAME

DATE OF BIRTH

DATE OF BIRTH

STREET ADDRESS

STREET ADDRESS

CITY

CITY

PROVINCE

POSTAL CODE

PROVINCE

POSTAL CODE

TELEPHONE (Primary Contact Number)

TELEPHONE (Primary Contact Number)

EMAIL ADDRESS

EMAIL ADDRESS

* Each donor is also an advisor of the Giving Fund unless this is a church, ministry or company Fund. In the case of a Joint Fund, CNCF will require the signatures of all Advisors for any distribution recommendations. If this is not a Joint Fund, CNCF will receive instructions from any individual Advisor. To add additional Advisors, please provide the same contact information requested above for each on a separate sheet.

CONTRIBUTOR INFORMATION

The minimum opening balance for a Covenant Foundation Giving Fund is \$50,000. Additional contributions to the giving fund must be valued at a minimum market value of \$10,000 each. Please use the "Covenant Foundation Contribution Form" for each additional donation.

Contributions to the Covenant Foundation Giving Fund are irrevocable and non-transferable. As required by law, all such funds are the property of CNCF and CNCF retains full and unlimited control of them.

A TRANSFER OF ASSETS from an account managed by Capstone Asset Management Inc.

APPROXIMATE VALUE \$

ACCOUNT NUMBER

PORTFOLIO MANAGER

A CHEQUE IN THE AMOUNT OF \$ _____
(Cheques should be made out to "Covenant Foundation" with the name of fund in the memo line)

WIRE TRANSFER FROM _____

CHARITABLE GOALS

The information below will provide non-binding guidance to Covenant Foundation and the Fund advisor(s) in the management and investment of your fund.

HOW LONG DO YOU PLAN TO HAVE YOUR GIVING FUND IN PLACE?

IN PERPETUITY (the original capital will remain intact forever)

A SPECIFIC PERIOD OF TIME • **HOW LONG?** _____ **YEARS**

THE ORIGINAL CAPITAL SHOULD BE DISTRIBUTED AS FOLLOWS:

_____ % IN _____ **YEARS** Please give careful consideration to how long you wish to have your Giving Fund in place. You may wish to provide an annual income to charities of your choice for a certain number of years, and then provide larger gifts by releasing the capital of the fund over a period of years.

_____ % IN _____ **YEARS**

_____ % IN _____ **YEARS** Use an additional sheet for more detailed instructions, if required.

_____ % IN _____ **YEARS**

DO YOU HAVE SPECIFIC ANNUAL DISTRIBUTIONS IN MIND TO BE GENERATED FROM THIS FUND? Please be specific.

MAKING DISTRIBUTIONS FROM YOUR GIVING FUND

CNCF is prepared to consider distributions to eligible charities upon receipt of a properly completed and signed 'Covenant Foundation Distribution Recommendation Form' from the Fund's Advisor(s). Distributions may be made anonymously by indicating such on the form. Distributions may also be designated for particular use as determined and indicated by the Giving Fund Advisor(s).

SUCCESSION INFORMATION

In the event of your death or incapacity, or the termination of your organization, you may wish to provide CNCF with a "succession plan" for the Giving Fund you have established, particularly if there is presently only one named Advisor (as outlined on page 1).

There are three ways to divide the assets that would remain in your Giving Fund at your death. You may select any one of these, or a combination of some or all. Combinations must total 100% in the far right column.

A. TRANSFER TO SUCCESSOR ADVISOR(S) who will make future decisions about distribution recommendations.

	%
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SUCCESSOR ADVISOR 1 Full Name and relationship to you

EMAIL ADDRESS

FULL ADDRESS

TELEPHONE #

SUCCESSOR ADVISOR 2 Full Name and relationship to you

EMAIL ADDRESS

FULL ADDRESS

TELEPHONE #

For additional names, please check here and list on the back of this sheet.

B. DISTRIBUTE TO MINISTRY AND CHARITIES such as your church or favourite organizations you have supported throughout your lifetime. This support may be distributed over a period of time. Please attach a separate sheet with more specific instructions and timelines if you wish.

	%
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MINISTRY NAME, ADDRESS, CHARITABLE REGISTRATION #

MINISTRY NAME, ADDRESS, CHARITABLE REGISTRATION #

MINISTRY NAME, ADDRESS, CHARITABLE REGISTRATION #

C. DISTRIBUTE TO CNCF

to support the work of the organization as it carries out its mission, to be used and/or distributed as the Board of CNCF determines.

	%
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TOTAL (MUST BE 100%): _____

INVESTMENT ADVISOR INFORMATION

Management of all assets held within the Covenant Foundation donor-advised funds will be provided by Capstone Asset Management Inc. (CAM), a registered Portfolio Manager and will fall within the Investment Policy Statement governing the funds and under the terms of the Letter of Engagement between CAM and CNCF.

DONOR ADVISED GIFT FUND INFORMATION

Before setting up a Giving Fund, please be sure to read through CNCF's Donor Advised Funds Policies and Guidelines which apply to all contributions to your Giving Fund. Ask for your copy or download it from our homepage at www.cncf.ca.

STEPS

- 1 COMPLETE THE COVENANT FOUNDATION GIVING FUND APPLICATION FORM.**
- 2 PROVIDE THE FORM TO YOUR COVENANT GROUP FAMILY WEALTH ADVISOR**
- 3 CNCF WILL SIGN THE AGREEMENT AND RETURN COPIES TO YOU AND YOUR ADVISOR FOR YOUR FILES, INDICATING THE FUND IS ESTABLISHED.**

CNCF commits to carrying out your written instructions in this form and in any other documents received from you, to ensure that your giving continues in a manner consistent with your desires.

I/We acknowledge that I/we have read the CNCF's Donor Advised Funds Policies and Guidelines and agree to the terms and/or conditions described therein. I/we understand that in order to qualify for a donation receipt for tax purposes, CNCF will fully own all contributed assets. I/we further understand that my/our communication regarding the Giving Fund is advisory only and that ultimate decisions and control are that of CNCF.

In witness whereof, the parties have executed this agreement on the date indicated below.

DONOR 1 SIGNATURE Full Name and relationship to you

DATE

DONOR 2 SIGNATURE Full Name and relationship to you

DATE

CANADIAN NATIONAL CHRISTIAN FOUNDATION OFFICER'S SIGNATURE

The SEAL of the CANADIAN NATIONAL CHRISTIAN FOUNDATION is impressed to the right: