



### 3. CONTRIBUTION INFORMATION

The suggested opening balance for a CNCF Giving Fund is a minimum of \$5,000 to be received by CNCF within 30 days of submission of this application. Additional contributions to the giving fund must be valued at a minimum market value of \$2,000 each. *Please use the "CNCF Contribution Form" for each donation as found on our homepage at [www.cncf.ca](http://www.cncf.ca).*

**Please check off the type of contribution you will be making:**

- A cheque in the amount of \$\_\_\_\_\_ *Cheques should be made out to "Canadian National Christian Foundation" with name of fund in Memo line*
- Publicly traded securities or mutual fund shares  
Name of stock or mutual fund: \_\_\_\_\_  
Approximate value: \$ \_\_\_\_\_ Number of shares: \_\_\_\_\_ *To initiate the transfer, please use the Securities Transfer Form available as a download from [www.cncf.ca](http://www.cncf.ca), or contact us.*
- Wire transfer
- A non-liquid gift. *Please contact CNCF for more information.*

Contributions to the 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. CNCF will use its best efforts to efficiently and effectively make distributions to the donee(s) recommended by Giving Fund advisor(s).

### 4. CHARITABLE GOALS

The information below will provide non-binding guidance to CNCF 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

\_\_\_\_\_ % in \_\_\_\_\_ years

\_\_\_\_\_ % in \_\_\_\_\_ years

\_\_\_\_\_ % 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.*

*Use an additional sheet for more detailed instructions, if required.*

**Do you have specific annual distributions in mind to be generated from this fund? Please be specific.**

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## 5. MAKING DISTRIBUTIONS FROM YOUR GIVING FUND

CNCF is prepared to consider distributions to eligible charities upon receipt of a properly completed and signed 'CNCF Distribution Recommendation Form' from the DAF 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).

## 6. 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.

\_\_\_\_\_  %

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 your specific instructions if this is your desire.*

\_\_\_\_\_  %

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.  %

\_\_\_\_\_ **Total (must be 100 %):** \_\_\_\_\_

## 7. FINANCIAL ADVISOR INFORMATION

The donor/advisor may choose to require that their own professional financial advisor manage the Giving Fund if the charitable goals stated include long-term management of the Fund. If the donor/advisor notifies CNCF that the donor/advisor no longer wishes that professional advisor to so manage, the Giving Fund shall be added to the Giving Fund pool of investments and managed by the CNCF broker in the normal course.

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Financial Advisor - Full Name and Company Information

Email Address

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Address

Telephone

Add to the CNCF Investment Pools - If this area is left entirely blank, it is assumed that the funds will be added to the CNCF Giving Fund pool of investments and managed by the CNCF broker according to the CNCF Investment Policy (available upon request).

## 8. 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](http://www.cncf.ca).

## 9. NEXT STEPS

1. Complete the Giving Fund Application Form.
2. Send the documents to: CNCF, 435 - 300 Earl Grey Drive, Ottawa ON K2T 1C1
3. CNCF will sign the agreement and return a copy to you for your files, indicating the fund is established.
4. 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.

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Donor 1 Signature

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Date

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Donor 2 Signature

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Date

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Canadian National Christian Foundation officer's signature

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