

\_\_\_\_\_  
MACKENZIE CHARITABLE GIVING FUND ACCOUNT NAME

\_\_\_\_\_  
NAME OF DEALER OF CHARITABLE GIVING FUND ACCOUNT

\_\_\_\_\_  
DEALER CODE NUMBER

\_\_\_\_\_  
NAME OF FINANCIAL ADVISOR OF CHARITABLE GIVING FUND ACCOUNT

\_\_\_\_\_  
FINANCIAL ADVISOR CODE NUMBER

\_\_\_\_\_  
CHARITABLE GIVING FUND ACCOUNT # WITH THE DEALER (IF KNOWN)

**THIS FORM IS FOR:**

- Initial Donation                       Subsequent Donation

The minimum initial donation to open an Account is \$25,000, or a life insurance policy having a net death benefit of at least \$25,000 regardless of the cash surrender or fair market value. Subsequent donations must be a minimum of \$5,000, other than a donation that represents a payment of premiums on a life insurance policy that has been donated to the Foundation.

**THIS DONATION IS FROM:**

- The Account Holder                       The Joint Account Holder                       A Third Party Donor\*

\* If the donation is from a Third Party Donor, please complete the section directly below.

**THIRD PARTY DONORS:**

A person or entity other than the Account Holder may make donations to an Account. A Third Party Donor is eligible to receive a tax receipt for the donation, but they cannot make any recommendations for the Account.

- Mr.  Ms.  Miss  Mrs.  Dr.  Other (corporations, other entities)\*

\_\_\_\_\_  
LAST NAME OR COMPANY/ORGANIZATION NAME                      FIRST                      MIDDLE OR INITIAL

\_\_\_\_\_  
ADDRESS                      APT./UNIT#

\_\_\_\_\_  
CITY                      PROVINCE/TERRITORY                      POSTAL CODE

\_\_\_\_\_  
HOME TELEPHONE NUMBER      BUSINESS TELEPHONE NUMBER      FAX NUMBER                      E-MAIL ADDRESS

\* Please specify the name and title of the desired contact person for this donation.

Third Party Donors authorize the Foundation to disclose their name in its annual report or other publication unless otherwise requested by ticking the following box:  Anonymous

## DONATIONS

### DONATIONS OF CASH:

My cheque for \$ \_\_\_\_\_ payable to the  
“Strategic Charitable Giving Foundation” is attached; or

Money in the amount of \$ \_\_\_\_\_ has  
been sent via electronic funds transfer (EFT) to:

Strategic Charitable Giving Foundation – In Trust

Bank of Nova Scotia, Scotia Plaza

44 King Street West, Toronto, Ontario

SWIFT code: NOSCCATT

Transit number: 47696

Institution code: 002

Account number: 476960216119

Re: \_\_\_\_\_

### DONATIONS OF INSURANCE:

Please forward a copy of the policy donated for the Foundation’s records along  
with the Transfer of Ownership Form signed by the donor.

Assignment of Insurance Policy

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Est. Cash Surrender Value: \_\_\_\_\_

Est. Net Death Benefit: \_\_\_\_\_

Please contact your insurance company for their instructions on how to assign this  
policy. Please contact the Foundation for inquiries regarding the new Ownership  
information for the policy. Please contact the Foundation if seeking to have your  
policy valued based on its fair market value.

### DONATIONS OF SECURITIES:

Transfer of Publicly Listed Stocks, Bonds and/or Mutual Fund Securities  
(other than Mackenzie Mutual Funds). Please sign the “Deed of Gift” on the  
next page and complete our “Donation of Securities Form”.

Transfer of Mackenzie Mutual Funds. Please sign the “Deed of Gift” on the  
next page and complete our “Donation of Mackenzie Mutual Funds Form”.

### DONATIONS OF SEGREGATED FUND POLICIES:

Assignment of Segregated Funds Policy

Name of Segregated Fund(s): \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Est. Market Value: \_\_\_\_\_

Please contact your insurance company for their instructions on how to assign  
this policy.

### TESTAMENTARY DONATIONS:

I have designated the Foundation to receive a future donation as a  
beneficiary under my Will, life insurance policy, a qualified retirement plan  
(e.g., RRSP or RRIF), tax-free savings account and/or a private foundation.  
Please specify type of Testamentary Donation

(e.g., beneficiary under a Will): \_\_\_\_\_

## DEED OF GIFT

I hereby give cash, securities (including mutual funds) and/or ownership of a life insurance policy absolutely to the Strategic Charitable Giving Foundation (the "Foundation").

### Donations

I acknowledge that each donation, whether cash, securities (including mutual funds), gifts designated to the Foundation in my Will, RRSP, RRIF, tax-free savings account or life insurance (where the Foundation is named as a beneficiary under such plans or policies), or grants from another charity will be deemed to be a separate donation (the "donation") and will be invested and held by the Foundation for a period of not less than 10 years commencing from the date the Foundation receives the donation. Each donation will be added to and form part of my Mackenzie Charitable Giving Account (the "Account").

Notwithstanding the previous paragraph, if I, a living donor, have donated a life insurance policy (other than an interest in a segregated funds policy) by way of an absolute assignment of the policy to the Foundation, I direct that 100% of the cash surrender and/or fair market value (if any) of this donation together with any subsequent donation made to pay any premium due on the life insurance policy, or substituted property which includes any life insurance proceeds payable shall, be held for a period commencing from the date the Foundation received the donation and terminating not less than 10 years from the later of the date of the absolute assignment of the life insurance policy and the last donation I make to pay any premium.

I acknowledge and understand that the Foundation intends to restrict disbursements from life insurance proceeds or cash surrender value received from a life insurance policy owned by the Foundation as though these funds were subject to a new 10 year holding restriction commencing on the date of receipt of such funds.

Notwithstanding the 10-year holding period applicable to a donation (as described above), I acknowledge that the Foundation grants at a standing rate of 4% per annum. The actual grant amount is based on the Account's market value on December 31st of each year and will be paid out of the funds held in the Account. I acknowledge that I may recommend an annual grant rate between 4% and 8% and that I may recommend a new rate at any time but that the ultimate decision on grant amounts rests with the Foundation's Board of Directors. I acknowledge that the grant amount arising from a donation begins the calendar year after a donation is made.

After the expiry of the 10-year holding period applicable to any donation (as described above), I acknowledge that the Foundation shall be unrestricted in its ability to disburse part of or the entire balance of the Account. After the expiry of the 10-year hold period, I acknowledge that the Foundation may consult the individual or entity then responsible for making recommendations to the Account about whether they recommend granting more or all of the assets in the Account, but that the Foundation is not bound to do so.

### Administration of Donations

The Foundation intends to administer the donations by establishing separate investment accounts for each Account. I acknowledge and direct that the Foundation establish a separate investment account for each Account. The Foundation intends to administer the donations by commingling donations in each Account to minimize the expenses associated with administering each donation. The Foundation will keep records that will track the initial donation as may be required by law or regulation. I acknowledge, agree and direct that all proceeds of each donation to this Account may be commingled in a single Account.

### Investments in Eligible Mackenzie Funds

I acknowledge and understand that pursuant to an Agreement between the Foundation and Mackenzie Financial Corporation ("Mackenzie"), the Board of Directors of the Foundation have agreed that all donations to the Mackenzie Charitable Giving Fund program will be invested in an Eligible Mackenzie Fund, as that list is determined by the Board of Directors acting prudently from time to time. I acknowledge and direct that 100% of the proceeds of the donation be invested in an Eligible Mackenzie Fund in accordance with the terms of the Mackenzie Charitable Giving Fund program.

### Transfer and/or Termination

I acknowledge and understand that, as part of the Mackenzie Charitable Giving Fund program that was established by the Foundation with Mackenzie, Mackenzie has the right to direct the Foundation to wind up the program or to direct the Foundation to transfer the exclusive legal and beneficial control over the program and all Accounts to another Canadian public foundation registered under the *Income Tax Act* (Canada) or to another program offered by the Foundation with a Mackenzie affiliate, as Mackenzie so elects. **In the case of termination of the Program, all assets of the Foundation will be transferred to qualified donees subject to such endowment conditions as may bind the assets transferred.**

### Advantage or Benefit

I hereby confirm that I have read the "Eligible Amount (Advantage or Benefit)" section of the Program Guide which explains the rules provided in the Income Tax Act (Canada) which require the Foundation to reduce the value of the receipt issued by the value of any advantage or benefit I or my family may receive in connection with the donation. For example, an advantage or benefit may apply if this donation has resulted in I or a relative of mine (other than an aunt, uncle, niece, nephew or cousin) earning commissions in connection with the investment of my donation, or if the donation paid for membership fees, dues, tuition, admission to a charitable or other event, goods bought at an auction, or fulfilled a pre-existing pledge. Accordingly, I have **ticked one** of the following certifications below, as applicable:

- I certify that I did not and will not, and no relative of mine (other than an aunt, uncle, niece, nephew or cousin) did or will receive any advantage or benefit as a result of the making of the donation.
- I certify that I or a relative of mine (other than an aunt, uncle, niece, nephew or cousin) did or will receive an advantage or benefit as a result of the making of the donation. The value of the advantage or benefit received or to be received is: \$\_\_\_\_\_.
- I acknowledge my tax receipt will be equal to the value of my donation **minus** this amount.

\_\_\_\_\_  
CONTRIBUTOR'S SIGNATURE

\_\_\_\_\_  
CONTRIBUTOR'S NAME (PRINT)

Y | Y | Y | Y | M | M | D | D |  
DATE

Please forward the original copy of this Donation Form to:  
Strategic Charitable Giving Foundation • 180 Queen Street West • Toronto, Ontario • M5V 3K1  
Canada Revenue Agency Number: 802678748RR0001

**Mackenzie**  
INVESTMENTS