

CHARITABLE GIFT ANNUITY APPLICATION

Section A: Application Type

_____ Single Life _____ Joint Life

Section B: Annuitant(s) Information

Applicant One:

| | | |
|---|----------|-------------------------|
| Title: ___ Mr. ___ Mrs. ___ Ms. ___ Miss. | | |
| Family Name | | Given Name |
| Address | | |
| City | Province | Postal Code |
| Phone | Fax | E-mail |
| Date of Birth (dd/mm/yyyy) | | Social Insurance Number |

Applicant Two (Only required for a Joint Life Annuity):

| | | |
|---|--|-------------------------|
| Title: ___ Mr. ___ Mrs. ___ Ms. ___ Miss. | | |
| Family Name | | Given Name |
| Relationship | Contact information same as above <input type="checkbox"/> | |
| Address | | |
| City | Province | Postal Code |
| Phone | Fax | E-mail |
| Date of Birth (dd/mm/yyyy) | | Social Insurance Number |

Section C: Amount

Amount of Agreement: _____ Rate Quoted: : _____

Section D: Payment Frequency

Annuity Payments are usually made annually or semi-annually and on the last day of the month. However, annuities over \$20,000.00 may elect to be paid quarterly or monthly.

First Payment Date: _____

_____ Annually _____ Semi-Annually _____ Quarterly _____ Monthly

Section E: Charitable Beneficiaries

Whereas Link Charity Canada Inc. is a service organization to assist donors in supporting charities of the donor's choice, the donor hereby requests that all benefits, other than fees and payments to the donor, be distributed to the following charities in the following proportions (ensure beneficiaries total 100%):

Note: You are free to list more than four beneficiaries. Please list additional charities on a separate sheet and attach to the application.

- 1. _____ %
- 2. _____ %
- 3. _____ %
- 4. _____ %

If the charity no longer exists, or no longer qualifies under the Income Tax Act at the time of the distribution of the benefits of this agreement, the applicant(s) request(s) the following:

_____ The amount the expired charity would have received, had it still been in existence, will be given to the remaining charities in the same proportion as stated above

_____ The Board of Directors of Link Charity, in its sole absolute discretion, will give the amount the expired charity would have received, to a qualified charity whose objects are most similar to that of the expired charity.

Section F: Signatures

The applicant(s) hereby apply for this charitable gift annuity agreement under the terms and conditions at the time the funds made available.

_____ Applicant _____ Co-Applicant _____ Date: