

Please Print

#### Section One – Instructions

Please complete this form as part of the process of making a gift of life insurance to GiftPact Foundation Inc. ('GiftPact') Be sure to have applicable signatures in the two locations where they are requested. GiftPact will become both the owner and irrevocable beneficiary of the insurance policy noted herein. Submit the original version of this form to your insurance specialist for processing.

The insurance specialist will send the documents requested to: GiftPact Foundation Inc., 720-One Lombard Place, Winnipeg MB, R3B 0X3, info@GiftPact.com.

#### Section Two – Donor ('Donor') of a New or Existing Policy - Information of Life Insured

A donation receipt will be issued for the fair market value (FMV) of an existing insurance policy to the owner of the policy at the time it is donated to GiftPact.

New

Existing

Information of Life Insured:

Corporation (if applicable)		
Full Name (including title Mr., Mrs., Ms., Dr., etc)		
Mailing Address		
City	Province	Postal Code
Telephone	Email	

#### Section Three – Insurance Policy Information –Schedule of payments (premium amount & duration)

Insurance Company:	
Face Amount of Policy: \$	Policy #:
Premium Amount (Annual)	Duration of Policy
Name of Insured	

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## Section Four – Acknowledgement of Gift Acceptance Policy

☐ I acknowledge the Gift Acceptance Policy as it relates to the donation of a Life Insurance Policy.

- New policies are subject to an initial setup fee of \$1,000 and an Annual Fee of \$500 for ongoing administration of the policy.
- Existing policies require an actuarial evaluation (cost paid by donor) and are subject to an Annual Fee of \$500 for ongoing administration of the policy.
- Premium payments will be deposited annually 90 days in advance of the Anniversary date of the policy
- Premium payments will be made to GiftPact Foundation Inc. for furtherance to the Insurance Company. A donation receipt will be issued for the donation made to GiftPact.
- Policy proceeds as per the Gift Acceptance Policy (Appendix A) attached to this document.

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Donor Signature -

Date

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## Section Five – Authorizations and Understandings

GiftPact is a registered charitable organization (BN #839545803RR0001) in Canada.

The Donor has entered into or agrees to enter into a Donor Advised Agreement with GiftPact, setting out the terms and conditions of their Donor Advised Fund ('DAF').

By signing this form, I acknowledge that GiftPact will be the registered owner and beneficiary for the insurance policy referenced herein and the resulting policy proceeds. I understand that the policy proceeds will be deposited to an DAF or to a new DAF established to receive the policy proceeds.

GiftPact may use the personal information I have and/or will provide (for example name, address, contact information) to process my donations; administer its charitable services; establish and maintain a relationship with me, establish and manage my Donor Advised Fund; verify my identity and protect against fraud; to satisfy regulatory obligations and other legal requirements.

In providing its charitable services, I understand that GiftPact may have to share my personal information with other persons: where other parties are GiftPact's third party service providers, suppliers or agents who assist GiftPact in providing its services; and where it is required or permitted to do so by law.

To the best of my/our knowledge, all information disclosed is accurate, and I/we will immediately notify my Insurance Specialist or GiftPact Foundation Inc. if any changes occur.

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Donor Signature -

Date

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**Section Six – To be completed by the Insurance Specialist (If applicable)**

Insurance Specialist Name

Company Name:

Rep #:

Address

City

Province

Postal Code

Telephone

Fax

Email

**Insurance Specialist's Primary Administrative Contact on this**

Assistant/Associate's Name

Title

Telephone

Fax

Email