

**MACKENZIE CHARITABLE GIVING PROGRAM
DONATION FORM**

(Please complete one form per donor)



1. ACCOUNT HOLDER INFORMATION

<input type="text" value="Capella Regalis Foundation"/>	<input type="text" value="03556"/>
MACKENZIE CHARITABLE GIVING PROGRAM ACCOUNT NAME	CHARITABLE GIVING PROGRAM ACCOUNT #
<input type="text" value="Edward Jones"/>	<input type="text" value="9844"/>
NAME OF DEALER OF CHARITABLE GIVING PROGRAM ACCOUNT	DEALER CODE NUMBER
<input type="text" value="Christopher Stewart"/>	<input type="text" value="6JF"/>
NAME OF FINANCIAL ADVISOR OF CHARITABLE GIVING PROGRAM ACCOUNT	FINANCIAL ADVISOR CODE NUMBER

THIS DONATION IS FROM:

- The Account Holder The Joint Account Holder Successor 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.

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

- Mr. Ms. Miss Mrs. Dr. Other (corporations, other entities. If the donation is from a Third Party Donor, please complete the section directly below.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	
LAST NAME OR COMPANY/ORGANIZATION NAME	FIRST	MIDDLE OR INITIAL	
<input type="text"/>		<input type="text"/>	
ADDRESS		APT./UNIT#	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CITY	PROVINCE/TERRITORY	POSTAL CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

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

2. DONATIONS (Select all that apply)

Subsequent donations must be a minimum of \$500 for lump sum donations and annual PACs, and \$125 for quarterly PACs. This does not apply to donations representing the payment of premiums on a life insurance policy that has been donated to the Foundation.

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: _____

PRE-AUTHORIZED CONTRIBUTION (PAC)

Frequency:

Quarterly Annually My First Purchase is to commence: _____ (Void cheque required)

Amount: \$ _____

Please sign PAC Terms and Conditions on page 4.

DONATIONS OF SECURITIES:

Transfer of Publicly Listed Stocks, Bonds and/or Mutual Fund Securities (other than Mackenzie Mutual Funds). Please complete our **Transfer of Securities Form**.

Transfer of Mackenzie Mutual Funds. Please complete our **Transfer of Mackenzie Mutual Form**.

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: _____ Est. Cash Surrender Value: _____

Policy Number: _____ Est. Net Death Benefit: _____

Please send the Foundation a copy of the policy and transfer of Ownership and New Beneficiary form from the insurance firm.

DONATIONS OF SEGREGATED FUND POLICIES:

Assignment of Segregated Funds Policy

Name of Segregated Fund(s): _____ Policy Number: _____

Name of Insurance Company: _____ 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): _____

Please read and sign the "Deed of Gift" on the next page.

2. DONATIONS (cont'd)

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 liquidated and the proceeds will be used to purchase units of an Eligible Fund, and will be added to and form part of my Mackenzie Charitable Giving Account (the "Account").

I acknowledge that the Foundation grants at a minimum rate of 5% per annum. Grants will be paid out of the funds held in the Account. The actual grant amount is based on the Account's market value on December 31st of each year, except in the first calendar year of the account being open, when the granting amount will be based the total value of all gifts received by the end of the quarter prior to granting. I acknowledge that I may recommend an annual grant rate of up to 25% in the twelve months immediately after the initial donation is received by the Foundation, and up to 100% thereafter, 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 Foundation shall be unrestricted in its ability to disburse part of or the entire balance of the Account and 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 Investments"), the Board of Directors of the Foundation have agreed that all donations to the Mackenzie Charitable Giving 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 Program.

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.

DONOR'S SIGNATURE (MANDATORY)

DONOR'S NAME (PRINT)

DATE

PRE-AUTHORIZED CHEQUING TERMS & CONDITIONS

- By signing this form, you (the bank account holder(s)) hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1 with respect to pre-authorized debits.
- You authorize Mackenzie Strategic Charitable Giving Foundation to debit the bank account provided for the amount(s) and in the frequencies instructed.
- This donation will be considered a Personal Pre-authorized Debit (PAD) by Canadian Payments Association (CPA) definition.
- You have certain recourse rights if a debit does not comply with this agreement. For example you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.
- You confirm that all persons whose signature are required to authorize transactions in the bank account provided have signed this agreement
- You may change these instructions or cancel this plan at any time, provided that Mackenzie Strategic Charitable Giving Foundation receives at least 10 business days notice by phone or by mail. To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult with your financial institution or visit the Canadian payments Association website at www.cdnpay.ca. You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- Mackenzie Strategic Charitable Giving Foundation is authorized to accept changes to this agreement from your registered dealer or your financial advisor in accordance with the policies of that company, and in accordance with the disclosure and authorization requirements of the CPA.
- You agree that the information in this form will be shared with the financial institution, in so far as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- You have requested this application form and all other documents relating hereto to be in English. Vous avez exigé que ce formulaire et tous les documents y afférent soient rédigés en anglais.
- You acknowledge that you have read the Program Guide and agree to all the terms and/or conditions described therein. You understand that any donation, including a donation made through a PAD Agreement, represents an irrevocable donation and is not refundable.
- You understand that the minimum PAD amount on an annual basis is \$500.00.
- Contact Information: Strategic Charitable Giving Foundation Telephone: 1-866-445-6763 Fax: 416-922-5660 or 1-866-766-6623 E-mail: foundation@scgf.ca

AUTHORIZATION

_____	_____	_____	_____
BANK ACCOUNT HOLDER'S/DONOR'S SIGNATURE	DATE	ADVISOR NAME	DEALER/ADVISOR CODE
_____	_____	_____	
JOINT BANK ACCOUNT HOLDER'S/ DONOR'S SIGNATURE	DATE	DEALER NAME	
_____	_____		
DEALER AUTHORIZATION/ ADVISOR SIGNATURE	DATE		

Please fax this information to us at 1-866-766-6623.
Canada Revenue Agency Number: 802678748RR0001

