



DONOR ADVISED FUND AGREEMENT

This agreement must be completed to initiate a Donor Advised Fund with Legacy Ministries Canada (LMC).

Name (s):

(PLEASE PRINT)

2)

Address:

Address Line 2:

City, Prov, Postal Code:

Email Address:

Phone: Home:

Cell:

Name of Account: (e.g. The Smith Family Fund or leave blank)

Contribution: Cash: (Make cheque payable to Legacy Ministries Canada)

Securities: (e.g. 100 Shares XYZ Corporation)

Bequest through my estate.

Investment Pool:

(PLEASE SELECT)

Balanced Investment (60% equity and 40% fixed income)

Conservative Investment (40% equity and 60% fixed income)

Special Request Investment (Please indicate below your desired investment strategy. While LMC cannot guarantee an exact match will strive to fulfil your investment wishes)

Disbursement Instructions:

Successor Election: Donors may elect individuals to succeed them on the account with full rights as donors or recommend charitable organizations to receive the remaining assets or a combination of both:

Individual A):
Name:

Address:

City, Prov, Postal Code:

Telephone Number:

Email Address:

Individual B):
Name:

Address:

City, Prov, Postal Code:

Telephone Number:

Email Address:

Succession Instructions:

Signature: I/We understand that this gift to the Donor Advised Fund is a donation to the ministries of LMC and that any funds will only be disbursed to qualified charitable organizations registered with the CRA and are consistent with the LMC Statement of Faith and objective. Funds will not be approved for any of the following reasons:

- To fulfill a pledge that I have already made in my own name.
- To pay for memberships or tickets to galleries, museums, or public broadcasting station; goods at charitable auctions; school tuition; benefit events; or other goods or services.
- To benefit myself or a specific individual
- To support political campaigns or for lobbying activities.
- To support a private foundation.

Further, I/we hereby explicitly grant to LMC, variance power to re-direct the use of the donated funds to other Christian Ministries. I/we understand that such variance power may be utilized by the President of LMC, only after obtaining specific authority from the Board of Directors of LMC. I/We approve LMC receiving .0095% per annum of the total funds in the DAF (Withdrawn quarterly).

Signature: _____ Date (month/day/year): _____

Signature: _____ Date (month/day/year): _____