

# **Giving Fund Succession Instructions**

Currently, you are the Fund Advisor of your GiveWise Giving Fund. In the event of your death or incapacity, there are two ways to divide the remaining assets in the Giving Fund: naming one or more successors ("Successor Advisor") or allocating funds to one or more charities. **You may also choose a combination of these two options.** Please ensure the combined Allocation assignments do not exceed 100%.

Please complete pages 1 and 2 of this form, sign on page 3, and email to <a href="mailto:support@givewise.ca">support@givewise.ca</a>. If the number of Successors or Charities exceeds the space available, please use additional space found on page 4 and 5 of this document.

#### 1. Successor Advisor

You may elect one or more individuals to be the Successor Advisor of your Giving Fund (essentially the person who replaces you as the Fund Advisor). This can be a family or non-family. The fund assets will be distributed to a Giving Fund in the name of the Successor Advisor(s) based on the allocation described. You may allocate as many successors as you would like. If the number of Successors exceeds the space available, please use additional space found on page 4 of this document.

| SUCCESSOR #1            |  |
|-------------------------|--|
| FULL NAME:              |  |
| EMAIL:                  |  |
| ADDRESS:                |  |
| PHONE:                  |  |
| RELATIONSHIP<br>TO YOU: |  |
| DATE OF BIRTH:          |  |
| % ALLOCATION*:          |  |

| SUCCESSOR #2            |  |
|-------------------------|--|
| FULL NAME:              |  |
| EMAIL:                  |  |
| ADDRESS:                |  |
| PHONE:                  |  |
| RELATIONSHIP<br>TO YOU: |  |
| DATE OF BIRTH:          |  |
| % ALLOCATION*:          |  |



### 2. Fund Disposition

You may elect to draw down the Giving Fund over a specified time period with proceeds granted to one or more Registered Canadian Charities based on the allocation described. You may allocate as many charities as you would like. If the number of charities exceeds the space available, please use additional space found on page 5 of this document.

| CHARITY #1      |                                                       |  |
|-----------------|-------------------------------------------------------|--|
| CHARITY NAME:   |                                                       |  |
| REGISTRATION #: |                                                       |  |
| DESIGNATION:    | Circle One: Project / Program / Person / Where Needed |  |
| DESIGNATION:    | Details:                                              |  |
| % ALLOCATION*:  |                                                       |  |
| TIMEFRAME       | Immediately or overmonths/years                       |  |
|                 |                                                       |  |
|                 | CHARITY #2                                            |  |
| CHARITY NAME:   |                                                       |  |
| REGISTRATION #: |                                                       |  |
| DESIGNATION:    | Circle One: Project / Program / Person / Where Needed |  |
| DESIGNATION:    | Details:                                              |  |
| % ALLOCATION*:  |                                                       |  |
| TIMEFRAME       | Immediately or overmonths/years                       |  |
|                 |                                                       |  |
|                 | CHARITY #3                                            |  |
| CHARITY NAME:   |                                                       |  |
| REGISTRATION #: |                                                       |  |
| DESIGNATION:    | Circle One: Project / Program / Person / Where Needed |  |

\*You must ensure that the sum total of all "% ALLOCATION" fields filled in adds up to 100%

\_Immediately or over \_\_\_\_months/\_

\_years

More Successor/Charity Tables on page 4 & 5 if needed.

Details:

**DESIGNATION:** 

**TIMEFRAME** 

% ALLOCATION\*:



## 3. Authorization

| FUND ADVISOR AUTHORIZATION |  |
|----------------------------|--|
| FUND ADVISOR NAME**:       |  |
| GIVING FUND #:             |  |
| EMAIL ADDRESS:             |  |
| DATE OF BIRTH:             |  |
| SIGNATURE:                 |  |
| DATE SIGNED:               |  |

\*\*This is the fund holder, not the Financial Advisor

We suggest that the Fund Advisor add a note in his/her will for the executor to be aware that he/she has a Giving Fund, and instruct the executor to contact GiveWise to let us know upon his/her passing, at <a href="mailto:support@givewise.ca">support@givewise.ca</a>.



## 4. Additional Successor Advisors

|                         | SUCCESSOR # |
|-------------------------|-------------|
| FULL NAME:              |             |
| EMAIL:                  |             |
| ADDRESS:                |             |
| PHONE:                  |             |
| RELATIONSHIP<br>TO YOU: |             |
| DATE OF BIRTH:          |             |
| % ALLOCATION*:          |             |
|                         |             |
|                         | SUCCESSOR # |
| FULL NAME:              |             |
| EMAIL:                  |             |
| ADDRESS:                |             |
| PHONE:                  |             |
| RELATIONSHIP<br>TO YOU: |             |
| DATE OF BIRTH:          |             |
| % ALLOCATION*:          |             |
|                         | SUCCESSOR # |
| FULL NAME:              |             |
| EMAIL:                  |             |
| ADDRESS:                |             |
| PHONE:                  |             |
| RELATIONSHIP<br>TO YOU: |             |
| DATE OF BIRTH:          |             |
| % ALLOCATION*:          |             |



## 5. Additional Fund Disposition

| CHARITY #       |                                                       |
|-----------------|-------------------------------------------------------|
| CHARITY NAME:   |                                                       |
| REGISTRATION #: |                                                       |
| DESIGNATION:    | Circle One: Project / Program / Person / Where Needed |
| DESIGNATION:    | Details:                                              |
| % ALLOCATION*:  |                                                       |
| TIMEFRAME       | Immediately or overmonths/years                       |

| CHARITY #       |                                                       |
|-----------------|-------------------------------------------------------|
| CHARITY NAME:   |                                                       |
| REGISTRATION #: |                                                       |
| DESIGNATION:    | Circle One: Project / Program / Person / Where Needed |
| DESIGNATION:    | Details:                                              |
| % ALLOCATION*:  |                                                       |
| TIMEFRAME       | Immediately or overmonths/years                       |

| CHARITY #       |                                                       |
|-----------------|-------------------------------------------------------|
| CHARITY NAME:   |                                                       |
| REGISTRATION #: |                                                       |
| DESIGNATION:    | Circle One: Project / Program / Person / Where Needed |
| DESIGNATION:    | Details:                                              |
| % ALLOCATION*:  |                                                       |
| TIMEFRAME       | Immediately or overmonths/years                       |