

## 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 [support@givewise.ca](mailto:support@givewise.ca). 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	
<b>FULL NAME:</b>	
<b>EMAIL:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	
<b>RELATIONSHIP TO YOU:</b>	
<b>DATE OF BIRTH:</b>	
<b>% ALLOCATION*:</b>	
<b>ALTERNATIVE</b>	If this person cannot be reached or is deceased, please: allocate pro rata across my other successors _____ allocate pro rata across my other named charities _____ use this portion for GiveWise initiatives _____
SUCCESSOR #2 (IN ADDITION ___ OR ALTERNATE___)	
<b>FULL NAME:</b>	
<b>EMAIL:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	
<b>RELATIONSHIP TO YOU:</b>	
<b>DATE OF BIRTH:</b>	
<b>% ALLOCATION*:</b>	
<b>ALTERNATIVE</b>	If this person cannot be reached or is deceased, please: allocate pro rata across my other successors _____ allocate pro rata across my other named charities _____ use this portion for GiveWise initiatives _____

## 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	
<b>CHARITY NAME:</b>	
<b>REGISTRATION #:</b>	
<b>DESIGNATION:</b>	Circle One: Project / Program / Person / Where Needed
<b>DESIGNATION:</b>	Details:
<b>% ALLOCATION*:</b>	
<b>TIMEFRAME</b>	___Immediately or over ___months/___years
<b>ALTERNATIVE</b>	If this charity is no longer functioning, please: <input type="checkbox"/> Allocate pro rata across my other charity(ies) <input type="checkbox"/> Allocate pro rata to my above named Successor(s)
CHARITY #2	
<b>CHARITY NAME:</b>	
<b>REGISTRATION #:</b>	
<b>DESIGNATION:</b>	Circle One: Project / Program / Person / Where Needed
<b>DESIGNATION:</b>	Details:
<b>% ALLOCATION*:</b>	
<b>TIMEFRAME</b>	___Immediately or over ___months/___years
<b>ALTERNATIVE</b>	If this charity is no longer functioning, please: <input type="checkbox"/> Allocate pro rata across my other charity(ies) <input type="checkbox"/> Allocate pro rata to my above named Successor(s)
CHARITY #3	
<b>CHARITY NAME:</b>	
<b>REGISTRATION #:</b>	
<b>DESIGNATION:</b>	Circle One: Project / Program / Person / Where Needed
<b>DESIGNATION:</b>	Details:
<b>% ALLOCATION*:</b>	
<b>TIMEFRAME</b>	___Immediately or over ___months/___years
<b>ALTERNATIVE</b>	If this charity is no longer functioning, please: <input type="checkbox"/> Allocate pro rata across my other charity(ies) <input type="checkbox"/> Allocate pro rata to my above named Successor(s)

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

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

### 3. Authorization

I request that the balance of this Giving Fund, as long as it remains over \$25,000, be invested with

\_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Financial Advisor/Team Financial Firm email address phone #

with the same investment strategy as currently employed.

#### **Additional Information:**

The goal of GiveWise Foundation is to be as accommodating as possible to grant the wishes of the Donor upon their passing and beyond their lifetime. We understand that there are specific scenarios that will arise that are custom requests. Please use the space below to expand on specifics that the Successor and Charity Boxes did not provide room for. Providing these requests are fully compliant with charitable law and within executable reason, GiveWise will do its best to fulfill these requests.

Additional Notes:

FUND ADVISOR AUTHORIZATION	
<b>FUND ADVISOR NAME**:</b>	
<b>GIVING FUND #:</b>	
<b>EMAIL ADDRESS:</b>	
<b>DATE OF BIRTH:</b>	
<b>SIGNATURE:</b>	
<b>DATE SIGNED:</b>	

\*\*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 [support@givewise.ca](mailto:support@givewise.ca).

#### 4. Additional Successor Advisors

SUCCESSOR #__ (IN ADDITION __ OR ALTERNATE__)	
<b>FULL NAME:</b>	
<b>EMAIL:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	
<b>RELATIONSHIP TO YOU:</b>	
<b>DATE OF BIRTH:</b>	
<b>% ALLOCATION*:</b>	
<b>ALTERNATIVE</b>	If this person cannot be reached or is deceased, please: allocate pro rata across my other successors ____ allocate pro rata across my other named charities ____ use this portion for GiveWise initiatives ____
SUCCESSOR #__ (IN ADDITION __ OR ALTERNATE__)	
<b>FULL NAME:</b>	
<b>EMAIL:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	
<b>RELATIONSHIP TO YOU:</b>	
<b>DATE OF BIRTH:</b>	
<b>% ALLOCATION*:</b>	
<b>ALTERNATIVE</b>	If this person cannot be reached or is deceased, please: allocate pro rata across my other successors ____ allocate pro rata across my other named charities ____ use this portion for GiveWise initiatives ____
SUCCESSOR #__ (IN ADDITION __ OR ALTERNATE__)	
<b>FULL NAME:</b>	
<b>EMAIL:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	
<b>RELATIONSHIP TO YOU:</b>	
<b>DATE OF BIRTH:</b>	
<b>% ALLOCATION*:</b>	
<b>ALTERNATIVE</b>	If this person cannot be reached or is deceased, please: allocate pro rata across my other successors ____ allocate pro rata across my other named charities ____ use this portion for GiveWise initiatives ____

## 5. Additional Fund Disposition

CHARITY #__	
<b>CHARITY NAME:</b>	
<b>REGISTRATION #:</b>	
<b>DESIGNATION:</b>	Circle One: Project / Program / Person / Where Needed
<b>DESIGNATION:</b>	Details:
<b>% ALLOCATION*:</b>	
<b>TIMEFRAME</b>	___Immediately or over ___months/___years
<b>ALTERNATIVE</b>	If this charity is no longer functioning, please: <input type="checkbox"/> Allocate pro rata across my other charity(ies) <input type="checkbox"/> Allocate pro rata to my above named Successor(s)
CHARITY #__	
<b>CHARITY NAME:</b>	
<b>REGISTRATION #:</b>	
<b>DESIGNATION:</b>	Circle One: Project / Program / Person / Where Needed
<b>DESIGNATION:</b>	Details:
<b>% ALLOCATION*:</b>	
<b>TIMEFRAME</b>	___Immediately or over ___months/___years
<b>ALTERNATIVE</b>	If this charity is no longer functioning, please: <input type="checkbox"/> Allocate pro rata across my other charity(ies) <input type="checkbox"/> Allocate pro rata to my above named Successor(s)
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<b>CHARITY NAME:</b>	
<b>REGISTRATION #:</b>	
<b>DESIGNATION:</b>	Circle One: Project / Program / Person / Where Needed
<b>DESIGNATION:</b>	Details:
<b>% ALLOCATION*:</b>	
<b>TIMEFRAME</b>	___Immediately or over ___months/___years
<b>ALTERNATIVE</b>	If this charity is no longer functioning, please: <input type="checkbox"/> Allocate pro rata across my other charity(ies) <input type="checkbox"/> Allocate pro rata to my above named Successor(s)