

Gift of Life Insurance

Please complete this form when making a gift of Life Insurance to Simcoe Hall. Simcoe Hall must become both the owner and irrevocable beneficiary of the donated Insurance Policy, but the proceeds from the Policy can be directed to a restricted donor advised fund, referred to as a "Foundation account". Please submit the original version of this form to your insurance advisor, or directly to Simcoe Hall.

Foundation Account Name _____ Foundation Account Number _____

Initial Donation Additional Donation

Section One - DONOR INFORMATION

Once the gift is approved by the Board of Directors at Simcoe Hall, an Official Donation Receipt for Income Tax purposes will be issued to the owner of an existing policy.

CURRENT POLICY OWNER

Mr. Mrs. Ms. Dr. Estate Corporation Other

(Please print full legal name)

Address

City Province Postal Code

Phone Number Website/Email Address

Residency/Place of Registration Social Insurance/ Business Number

Mailing address (if different from address)

'Please provide a photocopy of the Letters Potent & List of Directors

IF JOINT OWNER(S)

Mr. Mrs. Ms. Miss. Dr. List attached

(Please print full legal name)

Address

City Province Postal Code

Phone Number Website/Email Address

Title Social Insurance

Mailing address (if different from address)

Signature(s) required for instructions: One More than one

Section Two - INSURANCE POLICY INFORMATION

Insurance Company Name: _____

Policy #: _____ Face Amount of Policy: _____

Address: _____
Street City Province Postal Code

Name of Insured: Same as Donor Different Party: _____

Section Three - INSURANCE PREMIUM PAYMENTS *(if applicable)*

Official Donation receipts for Income Tax purposes will be issued to the donor who pays the premiums on the Insurance Policy. Please identify who is making the annual premium payments:

Current Policy Owner and Donor Another Party, as indicated below

Full Legal Name: _____

Address: _____
Street City Province Postal Code

Contact Information: Telephone No.: _____ Email: _____

CHECK THE PREMIUM PAYMENT METHOD YOU WISH TO USE:

Directly to the Insurance Company

Official donation tax receipts will be issued when confirmation of the premium payment has been provided by the Insurance Company. An annual confirmation fee of \$250 will apply; such fee will be deducted from the assets in the Foundation account.

Donation to Simcoe Hall, Designated to Pay Annual Premium

Simcoe Hall will issue official donation tax receipts for these directed gifts of cash or securities in kind and will pay the premium owing. A processing fee of 1% of the annual premium will apply, with a minimum of \$250; such fee will be deducted from the contribution prior to the payment of premiums.

Section Four - FINANCIAL ADVISOR CONTACT INFORMATION

Advisor Name: _____ Email Address: _____

Company Name: _____ Phone Number: _____

Address: _____
Street City Province Postal Code

Section Five - FINANCIAL DIRECTION and SIGNATURE SECTION

I/We hereby give this Insurance Policy absolutely to Simcoe Hall, a public foundation and registered charity (BN# 83306 2144 RR001), as a gift with the proceeds from the Policy to be held in the Foundation Account named herein. The proceeds from this Policy are to be treated as an "Endowment Gift" in the Foundation Account.

It is understood that an Endowment Gift is intended to be a permanent fund and invested to provide annual funding to charities over many years. Subject to the law under the Income Tax Act (Canada), Simcoe Hall will disburse _____ annually to another
(Amount or % amount)

registered charity(s) as selected by the Foundation Account Holder, less the applicable administration fees charged by Simcoe Hall from time to time.

Subject to this Direction of Donation, Simcoe Hall may apply for its charitable purposes such portion of the income, capital gains and original capital of the Endowment Gift or property substituted for it (whether realized or accrued) as is permitted by law from time to time.

▶ Signature of Donor Date (mm/dd/yyyy)

▶ Joint Signature (if required) Date (mm/dd/yyyy)

VERIFIED AGAINST: *(photocopy attached)*

VERIFIED AGAINST: *(photocopy attached)*

Passport Driver's License

Passport Driver's License

Number: _____

Number: _____