

**Section One**

Check whether this is a:

- New Account (*Account # assigned*) \_\_\_\_\_
- Change to existing Account (*specify Account #*) \_\_\_\_\_ (*complete applicable sections*)
- Change/Add\*    Remove Account Holder    Remove Joint Account Holder    Remove Successor

Special Instructions:

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TDW Representative Name	Rep Code (OC17)	Email Address
Phone Number (        )	Address (OC14)	Transit # (OC14)
Fax Number	City	Province
<input type="checkbox"/> DB <input type="checkbox"/> PT <input type="checkbox"/> FP <input type="checkbox"/> PIA <input type="checkbox"/> WNA <input type="checkbox"/> PIC	<input type="checkbox"/> PB (OC2)	Postal Code

**Section Two**

**About You - Account Holder**

- Mr.    Mrs.    Miss.    Ms.    Dr.    Prof.    Corporation\*\*

First Name	Initial	Last Name
Mailing Address		
City (        )	Province	Postal Code
Phone Number (Business) (        )	Email Address	
Phone Number (Home)		
Country of residence ( <i>if different from mailing address</i> )		

**Are you currently a TD customer?**    Yes    No

If No, verify ID or provide photocopy\*\*\*

- ID verified or    photocopy provided

**In what language would you like future correspondence?** (OC23)

- English         French

\*Please attach copy of death certificate, marriage certificate, legal name change or divorce decree if applicable. \*\*Provide photocopy of Corporate Resolution and Articles of Incorporation. \*\*\*Verify or provide photocopy of - valid passport, back and front of driver's license, government issued Age of Majority card or birth certificate (if under 21).

**Section Two**

**About a Joint Account Holder**

- Mr.    Mrs.    Miss.    Ms.    Dr.    Prof.    Corporation\*\*

First Name	Initial	Last Name
Mailing Address ( <i>if different than Account Holder</i> )		
City (        )	Province	Postal Code
Phone Number (Business) (        )	Email Address	
Phone Number (Home)		
Country of residence ( <i>if different from mailing address</i> )		

**Are you currently a TD customer?**    Yes    No

If No, verify ID or provide photocopy\*\*\*

- ID verified or    photocopy provided

**For joint accounts - Signature(s) required for any instructions**

- Both    Either (OC22)

**Section Three**

**Name the Donor-Advised Account** eg. Smith Family Fund.

Donor-Advised Account Name (maximum of 35 characters)

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Grants made to charities from the Donor-Advised Account are accompanied by a letter including the Donor-Advised Account Name and address unless anonymity is specifically requested. Please check the applicable box below. (OC19)

- Anonymous
- Display Name and Address

**Successor Selection** (*optional*)

Donors may name an individual to succeed them on the Donor-Advised Account with full privileges to recommend grants and name a successor.

My successor is aware of my selection  

Name		
Address		
City (        )	Province	Postal Code
Phone Number (Business) (        )		
Phone Number (Home)		

## Section Four

### Recommended Grants • (Proposed grant disbursements must equal to 100%)

Please use the grant recommendations below.

- On a one time basis (I will provide new instructions each year)
- On a recurring basis (Disburse funds to charities indicated below annually)

	Name of Canadian Registered Charity or Other Qualified Donee	Specific Program (optional)	Canada Revenue Agency Charitable Registration #	Grant %
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
	Please include any special instructions		<b>Total</b>	<b>100%</b>

I acknowledge that the above recommendations are only recommendations and that any grants made are subject to the approval of the Board of Directors of the Private Giving Foundation. If I do not provide sufficient grant recommendations, the Private Giving Foundation will attempt to contact me to provide grant recommendations. If I fail to make a grant recommendation when required, the Private Giving Foundation will disburse an amount from my account in accordance with the disbursement policy of the Directors' Charity Fund of the Private Giving Foundation.

## Section Five

### Applicant Agreement

#### General

#### Read the agreements that relate to the account and services you're applying for

This application is accompanied by the Program Guide, which outlines the terms and conditions of opening an account with the Private Giving Foundation. Please read it carefully and keep it for future reference.

#### Use of Information

In this section, the words "you", "your" and "yours" mean the Donor. The words "we", "us" and "our" mean the Private Giving Foundation. The word *Information* means your personal information provided to us by you. Personal information is information about a Donor as an identifiable individual. It includes the name, address, contact information, donation history and grant recommendations of the Donor. Personal information is collected at time of completion of your Donor-Advised Account Application form and from time to time thereafter when you make gifts, make grant recommendations or otherwise communicate with us or our service providers on our behalf.

*How we use information:* We may use Information: to process your gifts; to administer delivery of our charitable services; to establish, maintain and manage our relationship with you, including set up and management of Donor-Advised Accounts and maintenance of an accurate record of your involvement; to provide you with information regarding the operations of the Private Giving Foundation and offer you opportunities for further giving; to verify your identity and protect against fraud; to satisfy regulatory obligations and other legal requirements; and to create statistics about our operations and understand the current and future needs and preferences of Donors.

In administering the charitable services of the Private Giving Foundation we may provide your personal information to other persons: where the other parties are grant recipients and you have consented to being recognized and identified as the donor-advisor recommending the grant; where the other parties are our third party service providers, suppliers or agents who assist us in providing our services; and where we are required or permitted to do so by law.

- We may share your Donor Information within TD Bank Financial Group \* (OC20)
- Please do not share my Donor Information within TD Bank Financial Group \* (OC20)

#### Acknowledgement

I/we acknowledge that I/we have read the Program Guide and agree to all the terms and /or conditions described therein. I/we understand that any contribution represents an irrevocable contribution and is not refundable to me for any reason. I hereby confirm that I and my family will not receive any benefit or advantage as a result of the making of the recommended grant(s). In particular, the recommended grant(s) do not fulfill a pre-existing legally enforceable pledge and will not be used to pay for tuition or in any way provide a benefit to any of my family members.

I acknowledge that the Private Giving Foundation was established by The Toronto-Dominion Bank ("TD") and purchases services directly or indirectly from TD and/or its affiliates. I acknowledge and accept that a minority of Board of Directors of the Private Giving Foundation may be paid employees or officers of TD or its affiliates.

Account Holder Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Joint Account Holder Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_