

APPLICATION
CHARITABLE GIFT ANNUITY

D: AMOUNT

Amount of Agreement: _____ Rate Quoted: _____

E: PAYMENT FREQUENCY

Annuity payments are usually made annually or semi-annually. However, annuities over \$20,000.00 may elect to be paid quarterly or even monthly.

____ Annually ____ Semi-annually ____ Quarterly ____ Monthly

F: CHARITABLE BENEFICIARIES

Whereas Link Charity Canada Inc. is a service organization to assist donors in supporting charities of the donor's choice, the donor hereby requests that all benefits, other than fees and payments to the donor, be distributed to the following charities in the following proportions: (use % totalling 100%) *Note: We have only provided space for naming four charities. However, this does not restrict you from naming more. Please list any additional charities on a separate sheet and attach.*

1. _____ %
2. _____ %
3. _____ %
4. _____ %

If the charity no longer exists, or no longer qualifies under the Income Tax Act at the time of distribution of the benefits of this agreement, the applicant(s) request(s) the following:

- _____ The amount that the expired charity would have received, had it still been in existence, will be given to the remaining charities in the same proportion as stated above. **OR**
- _____ The Board of Directors of Link Charity, in its sole absolute discretion, will give the amount that the expired charity would have received, to a qualified charity whose objects are most similar to that of the expired charity.

G: SIGNATURES

The applicant(s) hereby apply for this charitable gift annuity agreement under the terms and conditions at the time the money is made available:

Signature: _____ Date: _____

Signature: _____ Date: _____