



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:

Representative Name	Rep Code (OC17)	Email Address	
Phone Number ()	Address (OC14)		Transit # (OC14)
Fax Number	City	Province	Postal Code

TD Direct Investing TD Wealth Private Trust TD Wealth Financial Planning TD Wealth Private Investment Advice

Ultra High Net Worth Advice Group TD Wealth Private Investment Counsel TD Wealth Private Banking (OC2)

**Please attach copy of death certificate, marriage certificate, legal name change or divorce decree if applicable.*

Section Two

About You - Account Holder

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

First Name	Initial	Last Name	
Mailing Address			
City ()	Province	Country	Postal Code
Phone Number (Business) ()		Email Address	
Phone Number (Home)			
Country of residence			

Are you currently a TD client? 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

***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).*

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	Country	Postal Code
Phone Number (Business) ()		Email Address	
Phone Number (Home)			
Country of residence			

Are you currently a TD client? 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)

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/we 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.	_____	_____	_____	_____
			Total	100%

Please include any special instructions

I/We 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/we do not provide sufficient grant recommendations, the Private Giving Foundation will attempt to contact me/us to provide grant recommendations. If I/we fail to make a grant recommendation when required, the Private Giving Foundation will disburse an amount from my/our 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 parties: 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 Group (OC20)

Please do not share my Donor Information within TD Bank Group (OC20)

The Private Giving Foundation occasionally receives information regarding the programs and activities of registered Canadian charities. As a convenience, and for information purposes only, the Private Giving Foundation sometimes forwards such information to Donor-Advised Fund Account Holders who have expressed interest in being informed about registered charities operating in their area(s) of philanthropic focus. If you would like to receive such information from time to time concerning registered charities in one or more areas of focus, please check the box below and indicate up to 3 areas of philanthropic focus.

Yes, I/we would like to receive information from time to time regarding registered charities carrying out programs in the following areas (e.g., health care, animal shelters, etc)

Areas of focus (optional) :

1. _____
2. _____
3. _____

I/We acknowledge that any such information provided by the Private Giving Foundation will be provided as a convenience for information purposes only and that the Private Giving Foundation is not obligated to provide any such information. I/We acknowledge that the Private Giving Foundation does not guarantee or take responsibility for the accuracy or completeness of any such information provided, and that it does not endorse or recommend any organization or program that may be mentioned. The Private Giving Foundation, TD Waterhouse Canada Inc., The Toronto-Dominion Bank and its affiliates and related entities are not liable for any errors or omissions in the information or for any loss or damage suffered.

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/us for any reason. I/We hereby confirm that I/we and my/our 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/our family members.

I/We 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/We 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) _____

Instructions for faxing the completed Application Form can be referenced at the [Private Giving Foundation Resource Centre](#).

The services of the Private Giving Foundation, an independent, non-profit charitable corporation, are offered in co-operation with TD Wealth. TD Direct Investing, TD Wealth Financial Planning and TD Wealth Private Investment Advice are divisions of TD Waterhouse Canada Inc., a subsidiary of The Toronto-Dominion Bank. TD Waterhouse Canada Inc. - Member of the Canadian Investor Protection Fund. TD Wealth Private Investment Counsel represents the products and services offered by TD Waterhouse Private Investment Counsel Inc., a subsidiary of The Toronto-Dominion Bank. TD Wealth Private Trust services are offered by The Canada Trust Company. TD Wealth Private Banking services are offered by The Toronto-Dominion Bank.

The TD Bank Group means The Toronto-Dominion Bank and its affiliates who provide deposit, investment, loan, securities, trust, insurance and other products and services.

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