

Complete this form to set-up an Account or to make changes to an existing Account. **Please send the original completed copy of this form to the TerraTundra Foundation (the "Foundation") at 207 - 517 Wellington St. W., Toronto ON M5V 1G1.**
Questions or Need Assistance? Call 1-855-977-8181. CRA Registration #82129 5003 RR0001

<input type="checkbox"/> Open a new Account	Account Number to be assigned (For Back Office Use Only)
<input type="checkbox"/> Change to an existing Account (check applicable boxes below)	Existing Account Number

Please select the account changes(s) required if you selected **Change to an existing Account** above:

- | | | |
|--|---|--|
| <input type="checkbox"/> Account Name | <input type="checkbox"/> Dealer/Advisor Information | <input type="checkbox"/> Grant Acknowledgement/Recognition |
| <input type="checkbox"/> Donor/Joint Account Information | <input type="checkbox"/> Account Holder Delegate(s) | <input type="checkbox"/> Successor(s) |

1 NAME YOUR ACCOUNT

Please provide a name for the Account. The name of the Account will appear on account statements and letters that accompany grants (unless anonymity is specifically requested in Section 16). You may change the Account name at any time by providing written notice to the Foundation.

The Fund

Account Name must be a **maximum of 50 characters** and begin with **"The"** and end with **"Fund"**;
 Account Name **must not contain** the words **"Trust," "Foundation," or "Endowment"**.

2 GRANT RECOMMENDATIONS

The minimum grant payment per eligible charity is \$500. Your grant recommendation is non-binding and is subject to review and approval by the Foundation. The grant recommendations will be treated as "Standing Grant Recommendations" and will continue to apply in subsequent years (including after the death of the Donor) unless changed by an individual authorized to make recommendations for the Account.

- Grant recommendations selected below, **OR**
 TerraTundra Foundation to be notified later in writing (Must be submitted no later than 4 weeks prior to the grant payment periods indicated in Sections 13 or 15)

Legal Name of Charity (in order of preference)	Canada Revenue Agency Charitable Registration Number	Dollar Amount (minimum \$500)	or	Percentage of Annual Grant
1		\$	or	%
2		\$		%
3		\$		%
4		\$		%
5		\$		%
Please attach separate sheet if more than 5 charities.		\$		100%

The donor or donors acknowledge that the selected charities are currently registered as charities with the Charities Directorate of the Canada Revenue Agency and they are considered qualified donees under the *Income Tax Act* (Canada) and therefore eligible for a grant from the Foundation. The donor or donors acknowledge that these grant recommendations are subject to the approval of the Board of Directors of TerraTundra Foundation. The donor or donors confirm that their families and those not at arms-length, will not receive any benefit or advantage from any of the grants recommendations listed above and that none of the grants will fulfill a legally binding pledge agreement.

The minimum annual payment to each eligible charity is \$500 subject to the maximum annual amount designated by the Foundation. The grant recommendations above will remain in effect until the Foundation receives revised grant recommendations. In the event that any selected charities ceases to operate or loses its status as a qualified donee, the grant may be amended and then resubmitted for consideration at any time. Grant recommendations may be changed by submitting a Grant Recommendation Change Form to the Foundation no later than 4 weeks prior to the annual grant period selected for the Account. Grants are redeemed annually from the account, with an option to choose from three different grant payment periods in a year: June, September or December. If the Foundation has not received revised grant recommendations 4 weeks prior to the selected grant period, the annual grant payment will be made from the Account to i) the remaining eligible charities listed for the account according to the account's order of preference; or ii) eligible charities selected by the Foundation where an account has no Standing Grant Recommendation listed. Following a grant payment each charity or charities selected will receive a confirmation from the Foundation.

3 DONOR INFORMATION

Up to four Donors are permitted on one Account. If necessary, please make a photocopy and attach. Donors include individuals, corporations, private foundations, trusts, and other charitable organizations

DONOR #1 (Primary recipient for all Account correspondence).

Donors must attach a copy of one of either their birth certificate, driver's license, passport or permanent resident card.

MR. MS. MRS. DR. CORPORATION (Attach Corporate Resolution)

Full Name (including initials) / Organization Name		Date of Birth	Social Insurance Number
Address	City	Province	Postal Code
Telephone	Email Address		

DONOR #2 (Optional)

Donors must attach a copy of one of either their birth certificate, driver's license, passport or permanent resident card.

MR. MS. MRS. DR. CORPORATION (Attach Corporate Resolution)

Full Name (including initials) / Organization Name		Date of Birth	Social Insurance Number
Address	City	Province	Postal Code
Telephone	Email Address		

4 JOINT ACCOUNT HOLDER INFORMATION (Optional)

Accounts, other than corporate Accounts, may be established jointly.

MR. MS. MRS. DR.

Full Name (including initials) / Organization Name		Date of Birth	Social Insurance Number
Address	City	Province	Postal Code
Telephone	Email Address		

5 ACCOUNT HOLDER DELEGATE ELECTION (Optional)

Donors may appoint individuals to advise, act for or act with them on making grant recommendations (the "Account Holder Delegate"). Only Account Holder Delegates listed in this section can recommend grants and investment fund allocation changes. Only the Account Holder Delegates can revise the Account's succession plan. You may authorize two individuals to make recommendations for the Account at any time by providing written notice to the Foundation or by completing the section(s) below. Account Holder Delegates will not succeed the Donor(s) unless they are also named as Successors. The Donor will be designated as the Primary Contact. You can change the Primary Contact by submitting a Primary Contact Change form.

Check here if the Donor in Section 3 will serve as the Account Holder Delegate. Proceed to Section 7 if no other Account Holder Delegates are to be named to the Account. Otherwise, name the delegate(s) below.

ACCOUNT HOLDER DELEGATE #1

MR. MS. MRS. DR. CORPORATION (Attach Corporate Resolution)

Full Name (including initials) / Organization Name		Date of Birth	Social Insurance Number
Address	City	Province	Postal Code
Telephone	Email Address		

ACCOUNT HOLDER DELEGATE #2

MR. MS. MRS. DR. CORPORATION (Attach Corporate Resolution)

Full Name (including initials) / Organization Name		Date of Birth	Social Insurance Number
Address		City	Province
Telephone	Email Address		Postal Code

6 INTERESTED PARTY (Optional)

You may authorize an individual other than an Account Holder Delegate such as a lawyer, financial advisor or accountant, or other interested party to receive duplicate quarterly account summaries. An Interested Party may not recommend grants or investments and may not request changes to Successors. Please contact the Foundation at 1-855-977-8181 to authorize an Interested Party.

7 SUCCESSOR ELECTION

Account Holder Delegates may name two individuals to succeed them on the Account after their death or incapacity. The Successor(s) would assume responsibility for making recommendations for the Account. If no Successor is elected upon notification of the death of the last Account Holder Delegate and there is no Standing Grant Recommendation, the Board will transfer the Account's assets to the General Fund and close the Account. To name a Successor please complete the section(s) below.

SUCCESSOR #1

Successors must attach a copy of one of either their birth certificate, driver's license, passport or permanent resident card.

MR. MS. MRS. DR. CORPORATION (Attach Corporate Resolution)

Full Name (including initials) / Organization Name		Date of Birth	Social Insurance Number
Address		City	Province
Telephone	Email Address		Postal Code

SUCCESSOR #2

Successors must attach a copy of one of either their birth certificate, driver's license, passport or permanent resident card.

MR. MS. MRS. DR. CORPORATION (Attach Corporate Resolution)

Full Name (including initials) / Organization Name		Date of Birth	Social Insurance Number
Address		City	Province
Telephone	Email Address		Postal Code

ADDITIONAL SUCCESSOR INFORMATION

- Split the assets for my donor-advised account equally among the successors in separate accounts
- I appoint the Board of Directors of TerraTundra Foundation as successors to my donor-advised account

8 INITIAL FUNDING

The minimum initial donation is \$2,500 (subject to the discretion of the Foundation). To make future donations, please complete a TerraTundra Donation Form available online at www.terratundra.org or call 1-855-977-8181.

A. DONATION OF TERRA MUTUAL FUND SHARES.

Please complete the section directly below:

Fund Name	Fund Code	Terra Account Number	Estimated Market Value	Number of Units/Shares
			\$	
			\$	

B. DONATION OF CASH: Amount: \$

<input type="checkbox"/> Cheque payable to TerraTundra Foundation is attached.		<input type="checkbox"/> Electronic Funds Transfer (see Foundation account details in Section C below)	
Bank	Branch code	Account #	

C. DONATION OF NON-TERRA SECURITIES:

Transfer securities from my account to the following TerraTundra Foundation account for an estimated value of: \$

To initiate the transfer, please complete and submit a *Transfer of Securities* form, which can be found at www.terratundra.org under Program Forms.

Name of Delivering Institution (where securities are currently held)	Donor's Account Name	Account #
Name of Receiving Institution (the Foundation's financial institution)	Account Name	Account #
National Bank of Canada 250 Yonge St, 19th Floor, Toronto, ON M5B 2L7	TerraTundra Foundation	27ZG97A

9 DEALER / ADVISOR INFORMATION

Dealer Name		Dealer Code
Advisor Name		Advisor Code
Phone Number	Email Address	

Account Type: Nominee Client-Name

10 INVESTMENT RECOMMENDATIONS

You may recommend investments for the Account from the 3 eligible Terra Funds listed below. The minimum initial donation for each Terra Fund is \$2,500 (subject to the discretion of the Foundation). You may change the investment recommendations from one eligible Terra Fund to another through your financial advisor. Where the contribution minimums for a class of Terra Fund is greater than the donation minimums stated above, the contribution minimums will apply to donations in that class. Contribution minimums are disclosed in the Donor Program Guide. Please check applicable fund codes below. Your recommended allocation must total 100%. If no allocation is selected, proceeds will be invested in the Money Market Fund.

Fund Name	Class A	Class F	Allocation % (whole numbers)
TerraTundra Dividend Growth Fund	TER630 <input type="checkbox"/>	TER640 <input type="checkbox"/>	%
TerraTundra Money Market Fund	TER901 <input type="checkbox"/>		%
Terra Small Cap Growth Fund	TER530 <input type="checkbox"/>	TER540 <input type="checkbox"/>	%
			100%

11 GRANT PURPOSE OR RECOGNITION (optional)

Is there a recommended purpose for this gift? If yes, please describe: (e.g., annual fund, capital campaign, in memory of, to honor, etc.) If the purpose of your grant is to honor a loved one and you wish to notify the family of the honoree, please include the name and address of the person to be notified. Unless you indicate otherwise, the purpose will default to General Operating Expenses.

Charity	Circle your selection	Describe Purpose if Other or Issue Grants in memory or honour of the Following Name(s)
1	Annual Fund / Capital Campaign / Operating Expense Class Gift / Other / In memory of / In honour of	
2	Annual Fund / Capital Campaign / Operating Expense Class Gift / Other / In memory of / In honour of	
3	Annual Fund / Capital Campaign / Operating Expense Class Gift / Other / In memory of / In honour of	
4	Annual Fund / Capital Campaign / Operating Expense Class Gift / Other / In memory of / In honour of	
5	Annual Fund / Capital Campaign / Operating Expense Class Gift / Other / In memory of / In honour of	

12 ANNUAL GRANT AMOUNT

The Foundation grants at a standing rate of 4% per annum. The minimum grant per eligible charity is \$500. The annual grant amount is based on the previous year's end-of-year market value for the Account. For example, an Account with a market value of \$100,000 on December 31, 2015 will result in a grant amount of \$4,000 in 2016. An Account may pay a redemption fee on any recommended grants funded from the sale of shares of a Terra Fund. Please note that although you may make this recommendation, the ultimate granting decision is the responsibility of the Board of Directors of the Foundation. Grants are typically processed within 10 business days of the Grant Payment Period.

Please grant at the rate set by circling your selection: 4% 5% 6% 7% other _____%

13 ANNUAL GRANT PAYMENT PERIOD (Please check one box only)

July September December

14 OPTIONAL ONE-TIME GRANT AMOUNT (Please choose one selection only)

see Section 2 Dollar Amount \$ _____ % of Account Value _____ %

15 OPTIONAL ONE-TIME GRANT PAYMENT PERIOD (Please check one box only)

July September December

16 GRANT ACKNOWLEDGEMENT

Grants to charities are accompanied by a letter that includes the name of the Account recommending the grant, unless otherwise requested by the checking the "anonymous" box below. As a further option, you may also choose to have your contact information disclosed. Please check the applicable box below.

- FOUNDATION ACCOUNT NAME ONLY.** Please release ONLY the name of the Account.
- FOUNDATION ACCOUNT NAME & CONTACT INFORMATION.** Please release the name of the Account & name and address of the individual authorized to make recommended grants.
- ANONYMOUS.** Please do not release any information about this Account.

From time to time the Foundation may issue reports that provide details on the program, beneficial charities and/or donors. Please indicate below if you wish to have the contact information from the charitable Account information included in these reports.

DO NOT disclose contact information for Foundation reports Disclose contact information for Foundation reports

The above grant recommendations and grant acknowledgement options will remain in effect unless you or your delegate request otherwise. Grant recommendations and grant acknowledgement options may be changed by submitting a Grant Recommendation Change Form to the Foundation 2 weeks prior to the annual grant payment date you have elected to have grants paid from the Account.

GIVING PROGRAM AGREEMENT

The TerraTundra Giving Program (the “Giving Program”) is a donor-advised fund program developed by Terra Fund Management Ltd. (“Terra”), with the TerraTundra Foundation (“Foundation”). The Foundation is a non-profit charitable corporation and is registered under the *Income Tax Act* (Canada) (the “Tax Act”) and designated as a public foundation with the Canada Revenue Agency and the Quebec Ministry of Revenue. The Foundation has retained Terra to provide certain administrative and other services to the Foundation and the Giving Program.

General

The Donor Program Guide (the “Guide”) for the Giving Program accompanies this application and contains important information and the terms and conditions of your charitable Account. Please read the Guide thoroughly and retain it for future reference.

Acknowledgement

I acknowledge that I have read, understand and agree to the terms and conditions of the Guide. I understand that all donations represent an irrevocable donation, are not refundable to me for any reason and that all property donated to a charitable Account is owned by the Foundation. I accept that the Board of Directors for the Foundation has sole discretion over each Account in the Giving Program and the activities relating to such Accounts. I acknowledge that all instructions are subject to the approval of the Board of Directors.

I hereby confirm that I have read and understand Section 3.7 “Donation Amounts Eligible for a Tax Receipt” of the Guide. The eligible amount of the donation is calculated under the Tax Act as the fair market value of the donation, less any “advantage or benefit”. “Advantage or benefit” generally means anything received by the donor or any person not dealing at arm’s length with the donor. (e.g., a relative, other than the donor’s aunt, uncle, niece, nephew or cousin) at any time (i.e., either before or after the donation) from any person and which either directly or indirectly is related to the fact the donation is (or was) made.

Transfer/Wind-up

I acknowledge and understand that under the Giving Program, Terra has the right to decide to ask the Foundation to wind up the Giving Program or to direct the Foundation to transfer the exclusive legal and beneficial control over the Giving Program and all Accounts to another Canadian public foundation registered under the Tax Act or to another program offered by the Foundation with an affiliate of Terra, as Terra so directs. In the event of the termination of the Giving Program, all assets of the Foundation will be transferred to qualified donees, subject to any applicable endowment conditions to such assets.

Authorization

I (the donor) certify that the information contained in this Application is true and complete and that I have read and agree to comply with the terms and conditions in the Guide. I further acknowledge receipt of a copy of the current Guide. I acknowledge that I have requested this application and all documents, notices and proceedings entered into, given or instituted pursuant hereto or relating directly or indirectly hereto be drawn up in English. Je reconnais avoir demandé à ce que ce formulaire ainsi que tous les documents conclus, avis donnés et procédures intentées reliés, directement ou indirectement aux présentes, soient rédigés en anglais.

Privacy Policy

By signing this application form, I consent to my personal information being collected, held, used and disclosed by Terra and the Foundation to administer my account. My personal information may be shared with others outside Terra in limited circumstances including but not limited to third party service providers, my financial advisor and dealer and as required or permitted by law. If I have provided information concerning my spouse/partner, delegate and/or my successor, I confirm that I am authorized to provide such information. I acknowledge that I may obtain Terra’s Privacy Policy by calling toll free 1-888-449-4645 or by visiting www.terrafunds.ca.

For Fax Submissions: It is the intention of each of the undersigned donors that TerraTundra Foundation may rely on a facsimile copy of his or her signature as a binding and enforceable signature, admissible in any proceeding to the same extent as if this form was submitted in manual form.

SIGNATURES REQUIRED: All Donors of the Account must sign below:

For assets held in a joint account, a registered owner of the donated assets must provide a signature, and is acting on behalf of all the registered owners of the assets. For assets held in other types of accounts, all registered owners must provide a signature. Note: If you are donating security certificates held in personal possession, signature(s) must correspond with the name(s) written on the face of the certificate(s) or bond(s) in every particular without alteration.

Donor #1 Signature	Date
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Donor #2 Signature (if applicable)	Date	Donor #3 Signature (if applicable)	Date
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Donor #4 Signature (if applicable)	Date	Joint Account Holder Signature (if applicable)	Date
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Please return the original copy of this Giving Program Account Application Form and any required documentation to: TerraTundra Foundation, 207 - 517 Wellington St. W. Toronto, ON M5V 1G1. Or fax to 416-203-1544. Note: If you fax this form to TerraTundra Foundation, do not also mail the form. If you must both fax and mail information to TerraTundra Foundation, include a note clearly indicating which components have already been faxed to avoid confusion or delays in processing. In case of fax delivery, PLEASE RETAIN THE ORIGINAL FOR YOUR FILES.