

# DONATION OF SECURITIES FORM

Mr. Mrs. Mr. & Mrs. Ms. Dr.

First Name:

Last Name:

Company Name:

Address:

City:

Province:

Country:

Postal Code:

Phone:

Fax:

E-mail: Country:

Description of securities:

# of Shares:

Gift to be used for:

Estimated Value:

Tax Receipt issued to:

**Donor's Broker Information:**

Brokerage Firm:

Broker Contact Name:

Telephone:

Fax:

E-mail:

**AUTHORIZED BY:**

**DATE:**

**DONATION TO BE TRANSFER TO:**

CIBC World Markets Inc.  
Account Transfer Department  
BCE Place, 161 Bay St.  
10th Floor Toronto, ON  
M5J 2S8

**DELIVERY INSTRUCTIONS:**

CUID WGDB5030  
DTC# 5030  
Dealer# 9280  
Account Name: St. Michael's Hospital Foundation  
Account Number: 416-03212-14

**CONTACT INFORMATION:**

**Wendy French**  
Investment Advisor  
P: (416) 594-8937  
F: (416) 594-7951  
wendy.french@cibc.ca

**Vanessa Brieva**  
P: (416) 594-7128  
F: (416) 594-7951  
vanessa.brieva@cibc.ca

**PLEASE**

**FAX TO :**

**St. Michael's Foundation**  
30 Bond Street  
Toronto, ON, M5B 1W8  
P: (416) 864-5000  
F: (416)-864-5352

**EMAIL TO:**

**ellisre@smh.ca**  
Reuben Ellis | Senior Finance Officer  
P: (416) 864-5000 ext. 44133  
F: (416) 864-5352

Charitable Registration #122963663RR0001



# REGISTERED RETIREMENT SAVINGS PLAN (RRSP) AND REGISTERED RETIREMENT INCOME FUND (RRIF)

**Registered Retirement Savings Plans (RRSP) and Registered Retirement Income Funds (RRIFs) are the most heavily taxed assets of one's estate. By making St. Michael's Hospital Foundation as your direct beneficiary, you will:**

- 1. Ensure** that taxes payable by your estate on the plan's assets will be adequately covered by the charitable tax receipt that will be issued by the Foundation on the full value of proceeds we receive.
- 2. Reduce** the cost of probating your Will. By directly designating the Foundation as your retirement plan beneficiary, the plan assets will not form part of your estate and will not be subject to probate tax. St. Michael's will also issue your estate a tax receipt for the amount received, which will further reduce estate taxes payable.
- 3. Simplify** your estate plan. You do not have to revise your existing Will. All you have to do is to contact your financial advisor and/or financial institution to make the necessary changes on your retirement plan document now and without affecting the size of your estate in the future.



# LIFE INSURANCE

## WAYS TO MAKE A GIFT OF AN EXISTING LIFE INSURANCE POLICY

### 1. Transferring Ownership and Beneficiary Designation to St. Michael's Hospital Foundation

You can donate an existing life insurance policy by transferring the ownership and beneficiary designation to St. Michael's Hospital Foundation. In doing so, you will receive a tax receipt for the cash surrender value at the time the policy is donated. Also, a tax receipt will be issued on any further premium payments that you make to the policy.

### 2. Designating St. Michael's Hospital Foundation as a Beneficiary of your policy.

You simply make St. Michael's Hospital as the beneficiary of your policy. After death, St. Michael's will receive the full proceeds of the policy and your estate will receive a charitable tax receipt to be used in the final income tax calculations. However, premium payments made on the policy during your lifetime will not result to a charitable tax receipt.

*Please discuss your gift intention with your life insurance agent. When you are ready to proceed, we would be most pleased to assist you in completing your gift.*

## BENEFITS OF MAKING A GIFT OF EXISTING LIFE INSURANCE POLICY

1. Your estate is not diminished to your heirs, because life insurance, by its very nature, creates an additional, separate "estate".
2. Life insurance is not subject to probate costs or delays in settlement. The full proceeds are payable to St. Michael's Hospital Foundation at maturity or death.
3. Life insurance is not a matter of public record. You can plan, arrange and announce the gift yourself and you will know that it will occur just as you planned.
4. Unlike a will, the gift cannot be contested.
5. By making a gift of life insurance, you leave a legacy that will benefit the many patients who come to St. Michael's Hospital, without a huge cash outlay now and without affecting the size of your estate in the future.



## ST. MICHAEL'S SOCIETY

**Yes, I/we have included St. Michael's Hospital Foundation as a beneficiary in my/our will (or life insurance, RRSP/RRIF or trust agreement).**

**For recognition purposes, the Inscription of name(s) should read as follows:**

**If not, please specify below any changes to Inscription:**

**Or**

**I/we would like to remain anonymous**

**Approved by:**

**Name:**

**Signature:**

**Date:**

**Please return by mail or email:**

Sandra F. Smith, CFP, CFRE  
Philanthropy Officer, Gift Planning  
St. Michael's Hospital Foundation  
30 Bond Street, Toronto, ON M5B 1W8  
Tel: (416) 864-6060, ext. 2044  
e: smithsan@smh.ca



## THANK YOU FOR YOUR BEQUEST

The following confidential details of your plans would be helpful to St. Michael's Hospital Foundation's planning for the future, should you wish to share them.

- a percentage of my estate, \_\_\_\_\_ %
- a percentage of the residue \_\_\_\_\_ % of my estate after other bequests are made
- a specific amount, \$ \_\_\_\_\_

### FUTURE USE OF YOUR BEQUEST GIFT – AREAS OF EXCELLENCE

Over the course of its history, St. Michael's Hospital has earned an international reputation for its caring, compassionate approach to health care and for its leadership in a number of important areas.

**Area of Greatest Need:** The most flexible gift is the one for the area of greatest need when the gift is received.

**Patient Care:** St. Michael's Hospital's commitment to provide the best health care possible is demonstrated by our reputation for excellence in areas such as cardiac care, diabetes care and emergency medicine.

**Education:** We are committed to innovative teaching and are recognized internationally as a leader in education. Our strong focus on teaching is a launch pad for groundbreaking research and future medical breakthroughs.

**Research:** St. Michael's Hospital is a leading research centre where physicians and clinicians work collectively to understand the causes of disease, and to explore innovative treatments of illness and injury.

**Endowment:** You can help ensure that innovative patient care, research and education at St. Michael's continue year after year by making a gift to our Hospital's general endowment or create a permanent endowment in your or your loved one's name.

You may choose to designate your Planned Gift to one of the above areas or you may decide to apply your gift to the overall work of the Hospital – wherever the need is greatest.

Please specify:

### Please let us know more about You

Your Birth date (dd/mm/yy):

Spouse's full name (Mr./Mrs./Ms./Miss/Dr.):

Spouse's Birth date (dd/mm/yy):

Telephone (Home):

(Work):

E-mail:

*NOTE: This information will be kept in strictest confidence.*



# SAMPLE CLAUSES FOR BEQUESTS

## 1. Undesignated

To St. Michael's Hospital Foundation, I give the sum of \$ \_\_\_\_\_, (or I leave \_\_\_\_\_ % of my estate), to be used for the purposes of St. Michael's Hospital, 30 Bond Street, Toronto, Ontario, M5B 1W8.

## 2. Designated Use – Specific Area/Department

To St. Michael's Hospital Foundation, I give the sum of \$ \_\_\_\_\_, (or I leave \_\_\_\_\_ % of my estate), to be used specifically for the purposes of the \_\_\_\_\_ Department at St. Michael's Hospital, 30 Bond Street, Toronto, Ontario, M5B 1W8.

## 3. Designated Use – Physician specified

To St. Michael's Hospital Foundation, I give the sum of \$ \_\_\_\_\_, (or I leave \_\_\_\_\_ % of my estate), to be used specifically for the purposes of the \_\_\_\_\_ Department at St. Michael's Hospital, 30 Bond Street, Toronto, Ontario, M5B 1W8, under the direction of Dr. \_\_\_\_\_, or his designate or successor, as the case may be at the time of vesting of the bequest.

## 4. Named Endowment

“To St. Michael's Hospital Foundation (hereinafter referred to in this clause as “SMHF”), I give the sum of \$ \_\_\_\_\_, (or I leave \_\_\_\_\_ % of my estate) to be used to establish the **(your name)** Endowment Fund. The principal contributed for this fund may be merged with any of SMHF assets for investment purposes, but it shall be identified in the SMH books as the (your name) Endowment Fund. The annual income created by the endowment fund shall be used for specifically for (state purpose, programme or department) of St. Michael's Hospital, 30 Bond Street, Toronto, Ontario, M5B 1W8.

## 5. Power to Vary Purposes

The following clause empowers St. Michael's Hospital Foundation's Board of Directors to vary the purposes for which the gift is used if circumstances make it impossible or impracticable to carry out the original purposes. It is recommended that this clause be included wherever a designated use is specified.

“If in the opinion of the Directors of St. Michael's Hospital Foundation (hereafter the Directors) it should become impossible, inadvisable or impracticable to apply the said gift for the said purpose or if the Directors are of the opinion that part of the gift is not required for such purpose, the Directors shall use the gift or such part thereof in such a manner as, in its discretion, may be to the Hospital's best advantage for other purposes consistent with the spirit and intention of the gift.”

## PROFESSIONAL ADVICE

*We recommend that you seek professional advice to draft or change your Will to ensure that it accurately reflects your wishes and states your exact intentions. It is important that you find a lawyer you feel comfortable with.*



# MONTHLY GIVING DONATION FORM

DONOR NAME:		CONSTITUENT ID#	
ADDRESS (number, street name)			
CITY	PROVINCE	POSTAL CODE	PHONE NUMBER:
PAYMENT METHOD:  VISA  MASTERCARD  AMERICAN EXPRESS  CHEQUE		CREDIT CARD INFORMATION:  Credit Card Number:  Cardholder's Name:  Expiry Date:                      CVV:  Please make cheque payable to: St. Michael's Hospital Foundation	
MONTHLY AMOUNT:		AREAS MOST NEEDED	
\$		DESIGNATION:	
NAME OF STAFF:		DATE:	
COMMENTS:			
<b>PLEASE DO NOT MAIL ME ANY FUTURE CORRESPONDENCE</b>			

