

MACKENZIE CHARITABLE GIVING PROGRAM APPLICATION AND ACCOUNT OPENING FORM



| 1. ACCOUNT HOLDER INFORMATION | ON | | | |
|--|-------------------------|-----------------|---------------------|--------------------------------|
| ABOUT YOU — THE ACCOUNT HOLDER (THE " | | er entities*) | | |
| LAST NAME OR COMPANY/ORGANIZATION NAME | | FIRST NAME | | L MIDDLE NAME OR INITIAL |
| LADDRESS | | | | APT./UNIT NUMBER |
| CITY | PROVINCE/TERRITORY | | | POSTAL CODE |
| HOME TELEPHONE | L BUSINESS TELEPHONE | | L FAX NU | IMBER |
| L E-MAIL ADDRESS | | DATE OF BIRTH | | |
| ABOUT A JOINT ACCOUNT HOLDER: You may open an Account with another person. or incapacity. Mr. Ms. Miss Mrs. Dr. | | · | ndations for your . | Account until after your death |
| LAST NAME OR COMPANY/ORGANIZATION NAME | | L FIRST NAME | | L MIDDLE NAME OR INITIAL |
| ADDRESS (If different than above) | | | | APT./UNIT NUMBER |
| CITY | PROVINCE/TERRITORY | | | POSTAL CODE |
| L HOME TELEPHONE | L BUSINESS TELEPHONE | | L FAX NU | IMBER |
| E-MAIL ADDRESS | | DATE OF BIRTH | | |
| RELATIONSHIP TO ACCOUNT HOLDER | | | | |

^{*} If a Corporation, please provide Corporate Resolution authorizing this application and listing authorized person(s). Please also specify the name and title of the desired contact person for this Account.

2. ACCOUNT RECOMMENDATIONS

| SUCCESSOR: | | |
|--|--|---|
| You should appoint a "Successor" to assume responsibility after your death for the Account. You may change this recommendation at any time by provistanding grant instructions are provided. The chosen Successor may not be the | ding written notice to the Foundation. If | no successor is designated ensure |
| ☐ Mr. ☐ Ms. ☐ Miss ☐ Mrs. ☐ Dr. ☐ Other (corporations, other | r entities)* | |
| | 1 | |
| LAST NAME OR COMPANY/ORGANIZATION NAME | FIRST NAME | MIDDLE NAME OR INITIAL |
| | | 1 |
| ADDRESS | | APT./UNIT# |
| 1 | | 1 |
| CITY PROVINCE/TERRITORY | | POSTAL CODE |
| | | |
| HOME TELEPHONE BUSINESS TELEPHONE | FAX NUMBER | DATE OF BIRTH |
| | | |
| E-MAIL ADDRESS | RELATIONSHIP TO THE ACCOUNT HOLDER | |
| *If a Corporation, please provide Corporate Resolution authorizing this application and listing for this Account. | g authorized person(s). Please also specify the name | e and title of the desired contact person |
| | | |
| NAME THE ACCOUNT (e.g., "THE JOHN SMITH FAMILY CHARITABLE A | ACCOUNT"): | |
| I | | |
| ACCOUNT NAME (MAXIMUM OF 40 CHARACTERS INCLUDING SPACES) | | |
| As donors are not establishing a private foundation, the chosen account name may not refer | to their Charitable Account as a Foundation | |
| This Account name will appear on Foundation materials issued in connection with the Accou | | nt statements. Accounts that wish to |
| remain anonymous should still name the account for internal use only. The name of this account | unt can only be changed by the initial account hold | der. |
| PUBLIC DISCLOSURE TO CHARITIES AND IN FOUNDATION PUBLICATIONS | | |
| When issuing grants from your account, the Foundation can, if desired, inform | the charities about you and/or your Accou | int. Please note that unless |
| "Anonymous" is selected below, the Foundation may also disclose in its ann | | |
| any Joint Account Holder's and/or Third Party Donor's name), the name of the | | ted and the names of the |
| Eligible Charities that received grants or are expected to receive grants from | the Account. | |
| Please check one of the following boxes to indicate your preference regarding | the disclosure of information about your A | Account: |
| Foundation Account Name Only. Please release ONLY the name of | the Account. | |
| Foundation Account Name & Contact Information. Please release to and address of the individual then authorized to make grant recomme to contact the individual directly. | • | , , |
| Anonymous. Please do not release any information about this Accou | ınt. | |
| · , · · · · · · · · · · · · · · · · · · | | |
| DEALER & FINANCIAL ADVISOR INFORMATION: | | |
| | | |
| | | |
| DEALER NAME | DEALER CODE NUMBER | |
| | T. | I |
| FINANCIAL ADVISOR NAME | FINANCIAL ADVISOR CODE NUMBER | |
| | | |
| | | |
| FINANCIAL ADVISOR TELEPHONE NUMBER | FINANCIAL ADVISOR E-MAIL ADDRESS | |
| | | |
| FINANCIAL ADVISOR BUSINESS ADDRESS | | |
| Account type to be opened at Dealer (Select One) Nominee Clien | t Name | |

2. ACCOUNT RECOMMENDATIONS (cont'd)

INVESTMENT RECOMMENDATIONS:

| You must recommend to the Foundation an Eligible Fund. There is a maximur | ı of one Eligible Fund per | Account. You may | change this recommendat | ion |
|--|----------------------------|------------------|-------------------------|-----|
| at any time by submitting a Change Of Information Form to the Foundation. Se | e fund code list. | | | |

| Fund Name | | | | | Fund Code** |
|--|--|--|--|--|---|
| If series O, FB, PWFB, or PWX is selected will then reflect this fee in the applical of the no percentage is specified the advisor and PWFB, as applicable ("Automatic Strong of the securities, the "Prospectus") meet Service Fee, as set out above, will remain the Foundation will redeem the applicable of financial advisor. ** Identifies purchase option and series. To be set to other Accounts they advise must be in | ole series O, FB, PWFB, or PW r service fee will default to zer witches") once your holdings ei or exceed certain asset threshol the same. series O, FB, PWFB, or PWX securities completed by your financial advisor | X Account Agreemen or. Mackenzie will aut ither individually or winds ds as further set out in s of your Eligible Funds for using the fund code table | t which the Foundation tomatically switch your thin your Eligible Accoording the Prospectus. Upon a paramamount equal to the propage 5. Donations by | r Series A and FB securionts (as defined in the sinan Automatic Switch your advisor service fee and remit financial advisors to their ow | ties into Series PV mplified prospectu negotiated Adviso the proceeds to your on Accounts |
| or to other Accounts they advise must be invassociated with changes to the Investment I | | | | | |
| 3. DONATION | | | | | |
| The minimum initial donation to open the cash surrender or fair market value | | e insurance policy ha | ving a net death bene | efit of at least \$10,000 re | egardless of |
| THIS DONATION IS FROM: | | | | | |
| ☐ The Account Holder | The Joint Account Hol | der | Successor | | rd Party Donor* donation is from a Third Donor, please complete ection directly below. |
| THIRD PARTY DONORS: | | | | | |
| A person or entity other than the Accou but they cannot make any recommendations. | | to an Account. A Thir | d Party Donor is eligib | ole to receive a tax receip | ot for the donation |
| ☐ Mr. ☐ Ms. ☐ Miss ☐ Mrs. | ☐ Dr. ☐ Other (corporations, | other entities. Please spec | ify the name and title of the | e desired contact person for th | is donation.) |
| L | | | | | |
| LAST NAME OR COMPANY/ORGANIZATIO | N NAME | FIRST | | MIDDLE (| OR INITIAL |
| | | | | 1 | |
| ADDRESS | | | | APT./UNI | T# |
| CITY | PROVI | NCE/TERRITORY | | POSTAL C | CODE |
| | ı | ı | 1 1 | | |
| HOME TELEPHONE NUMBER BUSI | NESS TELEPHONE NUMBER | FAX NUMBER | E-MAIL | ADDRESS | |
| Third Party Donors authorize the Founthe following box: Anonymous | ndation to disclose their nam | ne in its annual repo | ort or other publication | on unless otherwise rec | quested by ticking |

3. DONATION (cont'd)

TYPE OF DONATION (SELECT ALL THAT APPLY) **DONATIONS OF CASH:** ☐ My cheque for \$ ______ payable to the Strategic Charitable Giving Foundation is attached; or has been sent via electronic funds transfer (EFT) to: ✓ Money in the amount of \$ _____ Strategic Charitable Giving Foundation — In Trust Bank of Nova Scotia, Scotia Plaza 44 King Street west, 10.0...., SWIFT code: NOSCCATT 44 King Street West, Toronto, Ontario Transit number: 47696 Account number: 476960216119 **DONATIONS OF SECURITIES:** Transfer of Publicly Listed Stocks, Bonds and/or Mutual Fund Securities (other than Mackenzie Mutual Funds). Please complete our Transfer of Securities Form. Transfer of Mackenzie Mutual Funds. Please complete our Transfer of Mackenzie Mutual Funds Form. **DONATIONS OF INSURANCE:** Please forward a copy of the policy donated for the Foundation's records along with the Transfer of Ownership Form signed by the donor. Assignment of Insurance Policy Name of Insurance Company: ______ Est. Cash Surrender Value: _____ Policy Number: ______ Est. Net Death Benefit: _____ Please send the Foundation a copy of the policy and transfer of Ownership and New Beneficiary Form from the insurance firm. **DONATIONS OF SEGREGATED FUND POLICIES:** Assignment of Segregated Funds Policy Name of Segregated Fund(s): _____ Policy Number: _____ Name of Insurance Company:_____ Est. Market Value: Please contact your insurance company for their instructions on how to assign this policy. **TESTAMENTARY DONATIONS:** I have designated the Foundation to receive a future donation as a beneficiary under my Will, life insurance policy, a qualified retirement plan (e.g., RRSP or RRIF), tax-free savings account and/or a private foundation. Please specify type of Testamentary Donation (e.g., beneficiary under a Will):

Please read and sign the "Deed of Gift" on next page

3. DONATION (cont'd)

DEED OF GIFT

I hereby give cash, securities (including mutual funds) and/or ownership of a life insurance policy absolutely to the Strategic Charitable Giving Foundation (the "Foundation").

Donations

I acknowledge that each donation, whether cash, securities (including mutual funds), gifts designated to the Foundation in my Will, RRSP, RRIF, tax-free savings account or life insurance (where the Foundation is named as a beneficiary under such plans or policies), or grants from another charity will be deemed to be a separate donation (the "donation") and will be liquidated and the proceeds will be used to purchase units of an Eligible Fund, and will be added to and form part of my Mackenzie Charitable Giving Account (the "Account").

I acknowledge that the Foundation grants at a minimum rate of 4% per annum. Grants will be paid out of the funds held in the Account. The actual grant amount is based on the Account's market value on December 31st of each year, except in the first calendar year of the account being open, when the granting amount will be based the total value of all gifts received by the end of the quarter prior to granting. I acknowledge that I may recommend an annual grant rate of up to 25% in the twelve months immediately after the initial donation is received by the Foundation, and up to 100% thereafter, and that I may recommend a new rate at any time but that the ultimate decision on grant amounts rests with the Foundation's Board of Directors.

I acknowledge that the Foundation shall be unrestricted in its ability to disburse part of or the entire balance of the Account and I acknowledge that the Foundation may consult the individual or entity then responsible for making recommendations to the Account about whether they recommend granting more or all of the assets in the Account, but that the Foundation is not bound to do so.

Administration of Donations

The Foundation intends to administer the donations by establishing separate investment accounts for each Account. I acknowledge and direct that the Foundation establish a separate investment account for each Account. The Foundation intends to administer the donations by commingling donations in each Account to minimize the expenses associated with administering each donation. The Foundation will keep records that will track the initial donation as may be required by law or regulation. I acknowledge, agree and direct that all proceeds of each donation to this Account may be commingled in a single Account.

Investments in Eligible Mackenzie Funds

I acknowledge and understand that pursuant to an Agreement between the Foundation and Mackenzie Financial Corporation ("Mackenzie Investments"), the Board of Directors of the Foundation have agreed that all donations to the Mackenzie Charitable Giving Program will be invested in an Eligible Mackenzie Fund, as that list is determined by the Board of Directors acting prudently from time to time. I acknowledge and direct that 100% of the proceeds of the donation be invested in an Eligible Mackenzie Fund in accordance with the terms of the Mackenzie Charitable Giving Program.

Advantage or Benefit

I hereby confirm that I have read the "Eligible Amount (Advantage or Benefit)" section of the Program Guide which explains the rules provided in the Income Tax Act (Canada) which require the Foundation to reduce the value of the receipt issued by the value of any advantage or benefit I or my family may receive in connection with the donation. For example, an advantage or benefit may apply if this donation has resulted in I or a relative of mine (other than an aunt, uncle, niece, nephew or cousin) earning commissions in connection with the investment of my donation, or if the donation paid for membership fees, dues, tuition, admission to a charitable or other event, goods bought at an auction, or fulfilled a pre-existing pledge. Accordingly, I have ticked one of the following certifications below, as applicable:

| bought at an auction, or fulfilled a pre-existing pledge. Acc | cordingly, I have ticked one of the following certification | ons below, as applicable: |
|---|---|---|
| I certify that I did not and will not, and no relative a result of the making of the donation. | of mine (other than an aunt, uncle, niece, nephew o | r cousin) did or will receive any advantage or benefit as |
| I certify that I or a relative of mine (other than an | aunt, uncle, niece, nephew or cousin) did or will rece | ive an advantage or benefit as a result of the making of |
| the donation. The value of the advantage or benefi | t received or to be received is: \$ | I acknowledge my tax receipt |
| will be equal to the value of my donation minus this | amount. | |
| L | [| J L |
| DONOR'S SIGNATURE (MANDATORY) | DONOR'S NAME (PRINT) | DATE |

4. GRANT RECOMMENDATIONS

GRANTING:

The account's granting amount will be calculated on the first business day of each year, based on the market value on December 31 of the prior year. For example, an Account with a grant rate of 4% and a market value of \$100,000 on December 31st will have a grant amount of \$4,000 in the following year. If granting in the first calendar year of being open, an Account's granting amount will be based on the total value of all gifts received by the end of the quarter prior to granting.

| they are no longer subject to redemption charges. Please note the Board of Directors of the Foundation. | e that although you | may make this recommendation | i, the diamate granting as | .cision rests with |
|--|---|---|--|-----------------------|
| YOUR CHARITIES: Name and Address of Eligible Charity ¹ | % of Annual Grant Amount ² (Must total 100%) | Special Recommendation ³ (if any) | Canada Revenue Agency Charitable Registration # (if known) ⁴ | Office Use Only |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Column Total = 100% | | | |
| Please attach an additional form if you wish to list more Eligible Charities tha The minimum grant cheque that will be issued by the Foundation to an Eligib Please use this space if you wish the Foundation to grant to a particular progra of or in memory of a particular individual. (e.g., in memoriam — John Taylor). apply these special recommendations for all future grants, unless you specify Charitable Registration Numbers can be confirmed by accessing the foll donees.html Note that grants to large Charitable Organizations with multiple CRA numbers number have been indicated on this form. | le Charity is \$250. Im or campaign within an Please note that if you el otherwise above, owing site: https://www | ect "Standing Grant Recommendations" .canada.ca/en/revenue-agency/services/c | pelow, then you are recommendin narities-giving/list-charities/list-cha | g that the Foundation |
| ANNUAL OR STANDING RECOMMENDATION | | | | |
| You must choose whether you wish to annually submit your grant which can apply Indefinitely to your Account. | t recommendations (A | Annual Grant Recommendations) | or provide Standing Grant R | ecommendations |
| Please select your preferred option by ticking ONE of the foll | owing boxes: | | | |
| ☐ Standing Grant Recommendations ☐ Annual Grant Re | commendations | | | |
| Please redeem and issue grants for the Foundation Account in ON | NE of the following 4 | granting periods, starting 📮 ne | ext year / 📮 this year: | |
| ☐ March ☐ June ☐ September ☐ December | | | | |

Note: For complete information on the difference between Standing Grants and Annual Grants, please refer to the Program Guide, For Annual Grant Recommendations, the grant recommendation section on the Change of Information Form must be submitted annually. For Standing Grant Recommendations, the Foundation can rely on your recommendation indefinitely although you may change your Standing

Grant Recommendations by submitting a revised grant recommendation section on the Change of Information Form.

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ACCOUNT AGREEMENT

Program Guide

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

Acknowledgement

I acknowledge that I have read the Program Guide and agree to all the terms and/or conditions described therein. I understand that any donation represents an irrevocable donation and is not refundable for any reason. I/we acknowledge the account recommendations above and any grant recommendations are all subject to the approval of the Foundation.

I acknowledge that the Foundation was established by Mackenzie Investments and its affiliates and that the Foundation purchases services directly or indirectly from Mackenzie Investments and/or its affiliates. I acknowledge and accept that a minority of Board of Directors of the Foundation may be paid employees or officers of Mackenzie Investments or its affiliates. I acknowledge that each of the Eligible Funds is a mutual fund that is managed by Mackenzie Investments. I understand that the Foundation has the final authority to select Eligible Funds, monitor their performance and make changes as necessary and in compliance with all applicable laws.

I acknowledge that the financial advisor that is named in Section 2 of this Application may be compensated by Mackenzie Investments from the investment management fees based on the market value of the assets in the Account.

I acknowledge the grant recommendations are all subject to the approval of the Foundation. I hereby certify that my/our family(ies) will not receive any benefit or advantage, as described under "Eligible Amount" in the Program Guide, as a result of the making of the recommended grant(s). For example, the recommended grant(s) do not pay for membership fees, dues, tuition, admission to a charitable or other event, goods bought at an auction, and will not fulfill a pre-existing pledge.

I acknowledge that it is my responsibility to notify the Foundation and change my standing grant recommendation in the event that any grant recommendation would benefit directly or indirectly any person dealing at non-arm's length with any individual named on this Account (e.g., the Account Holder (Donor), Joint Account Holder, Successor, etc.).

To the best of my knowledge, all information disclosed is accurate, and I will immediately notify the Foundation if any changes occur. My/our signature(s) below constitutes my/our agreement and acceptance of all terms, conditions and options selected in all parts of this agreement. I agree that this agreement shall be governed by the laws of Ontario.

Transfer/Wind-up

I acknowledge and understand that as part of the Mackenzie Charitable Giving Program, which was established by Mackenzie Investments with the Foundation, Mackenzie Investments has the right to decide to ask the Foundation to wind up the Program or to direct the Foundation to transfer the exclusive legal and beneficial control over the Program and all Accounts to another Canadian public foundation registered under the Income Tax Act (Canada) or to another program offered by the Foundation with a Mackenzie Investments affiliate, as Mackenzie Investments so directs. In the event of termination of the Program, all Foundation assets will be transferred to qualified donees, subject to such endowment conditions as may bind the assets transferred.

Privacy Protection

By signing this application form, I acknowledge reading the Privacy Protection Notice below and I consent to my personal information being collected, held, used and disclosed by the Foundation in the ways and for the purposes identified in the Privacy Protection Notice. If I have provided information concerning an Joint Account Holder, Successor, or Third Party Donor, I confirm that I am authorized to provide that information.

I have requested that this application form and all relating documents be in English. J'ai demandé que ce formulaire d'adhésion ainsi que tous les documents connexe soient rédigés en anglais.

| | 1 1 | I |
|--|------|---|
| ACCOUNT HOLDER (DONOR) SIGNATURE (MANDATORY) | DATE | |
| | | |
| I | 1 1 | ı |
| JOINT ACCOUNT HOLDER SIGNATURE (IF APPLICABLE) | DATE | |

PRIVACY PROTECTION NOTICE

The Strategic Charitable Giving Foundation (the "Foundation") is committed to protecting the privacy of all personal information that is collected and maintained in the course of carrying out its activities. This policy describes how the Foundation collects, holds, uses and, when needed, discloses personal information in connection with donations made to the Foundation. This Privacy Protection Notice adheres to the *Personal Information Protection and Electronic Documents Act (Canada)* and similar provincial privacy legislation.

- 1. Account Record and Personal Information: The personal information collected in connection with a Charitable Giving Program Account (an "Account") for the purposes identified in this Privacy Protection Notice is held in a record called an "Account Record". The personal information in an Account Record will include an account holder's (referred to as a "Donor") and may include, but is not limited to a Joint Account Holder's, Third Party Donor's and/or Successor's:
 - A. Name:
 - B. Address;
 - C. Telephone number;
 - D. Birth date;
 - E. Account value and its investment; and
 - F. All recommendations submitted for the Account.
- 2. Providing Information to the Foundation: When a Donor or their Financial Advisor completes a Charitable Giving Program's application forms to open an Account or make changes to the Account, generally the Donor is providing personal information to the Foundation, including, where applicable, personal information concerning a Joint Account Holder, Third Party Donor, and/or Successor, in order to:
 - A. Participate in a Charitable Giving Program by making a donation;
 - B. Receive an official donation receipt (a tax receipt); or
 - C. Provide recommendations to the Foundation about the use of a donation already made.

The Foundation collects this personal information, holds it in an "Account Record", uses it, and, when needed, discloses it for the purposes identified in this Privacy Protection Notice.

- 3. Collecting, Holding, Using, and Disclosing Personal Information in a Donor Record:
 The Foundation may collect, hold, and use the personal information in an Account Record as well as collect personal information from an
 - A. Processing donations to its Charitable Giving Programs, including considering all recommendations, establishing and administering the Account, determining, maintaining, recording, and storing Account holdings and transaction and grant information in the Account Record, and issuing tax receipts;
 - B. Administering or arranging for the administrative delivery of all services associated with its Charitable Giving Programs;
 - C. Establishing, maintaining and managing its relationship with persons named in an Account Record, including setup and management of Accounts and maintenance of an accurate record of involvement;
 - Verifying the identity of persons named in an Account Record and maintaining the accuracy of information contained in the Account Record;
 - Executing transactions in connection with Charitable Giving Programs including transferring funds by electronic or other means;
 - F. Providing statements, tax receipts, investment statements and transaction confirmations, fund financial statements, and other information which persons named in an Account Record may request as needed to service the Account;
 - G. Requesting views about the Foundation in order to improve the Foundation's service to persons named in an Account Record;
 - H. Providing information about the Foundation's operations;
 - Furthering the Foundation's business interests including collecting a debt owed to the Foundation;
 - J. Meeting legal and regulatory requirements;
 - K. Verifying information previously given with any other organization when necessary for the purposes provided in this Privacy Protection Notice; and
 - L. Providing the information to another "qualified donee" as permitted under the *Income Tax Act* (Canada), in the event that the Foundation ceases operations.

4. Third Parties:

A. The Foundation may collect as part of its Charitable Giving Programs personal information for the purposes identified in this Privacy Protection Notice from third parties such as a Donor's Financial Advisor and their Dealer firm, other financial institutions, and from third parties who represent that they have the right to disclose the information.

- B. The Foundation may transfer personal information contained in an Account Record for the purposes identified in this Privacy Protection Notice to its service providers, including its administrative service provider, Account statement preparation and mailing companies, courier companies, imaging companies, and document storage companies. When the Foundation transfers personal information to service providers, contractual provisions are in place to ensure that the transferred personal information is used only for the purposes for which the service provider is retained.
- C. The Foundation may disclose personal information to third parties where required by law, such as disclosure for tax purposes to the Canada Revenue Agency.
- D. The Foundation may disclose personal information for the purposes identified in this Privacy Protection Notice to third parties such as the applicable Financial Advisor/ Dealer to the Account, the fund company that is offering the applicable Charitable Giving Program in connection with the Account, and other financial institutions. Also, if consented to in a Grant Recommendation Form, the Foundation may also disclose information to qualified donees receiving a grant from the Account so that they may thank the party that made the grant recommendation. Similarly, if consented to, the Foundation may disclose in its annual report or other publication the Donor's name (and if applicable, any Joint Account Holder's and/or Third Party Donor's name), the amount donated, the name of the Account donated to, and the names of the qualified donees that received grants or are expected to receive grants from the Account.

If you wish to withdraw consent to the continuation of this type of information sharing or discuss the implications of such withdrawal, please contact us through one of the means listed at the end of this notice. Your decision to withdraw consent may prevent the Foundation from providing products and services to you because the disclosure to third parties is a necessary part of making the product or service available to you.

Fund companies with whom the Foundation has agreements related to the offering of Charitable Giving Programs may include but may not be limited to Mackenzie Financial Corporation ("Mackenzie Investments"), Investors Group Financial Services Inc. and Quadrus Investment Services Ltd.

The Foundation has also entered into an administrative services agreement with Mackenzie Investments for Mackenzie Investments to perform or arrange for the administrative, record keeping and certain other services for each of the Foundation Charitable Giving Programs. Personal information in an Account Record is collected by and disclosed to Mackenzie Investments for the purposes of providing these services on the Foundation's behalf.

The Foundation may also share the personal information contained in an Account Record with any successor or affiliate company of each of the above companies whose business relates to a purpose identified in this Privacy Protection Notice.

- 5. Employees and Agents Who Have Access to Account Records: The Foundation's employees and agents may have access to an Account Record provided they have a specific need to know in connection with the purposes identified in this Privacy Protection Notice. Access is permitted only to the extent necessary for such purposes.
- 6. Location of Account Records: Account records are kept in electronic, microfilm or paper format at the Foundation's offices in Toronto. Paper records forming part of donor records may also be kept in offsite storage in Toronto. Account Records may be transferred to other locations for disaster recovery purposes.
- 7. Right to Access and Rectify Personal Information: Under the Personal Information Protection and Electronic Documents Act (Canada) and similar provincial privacy legislation, persons contributing personal information are entitled to access, through a written request, to the personal information contained in the Account Record. Donors and other persons named in an Account may verify the personal information and request that any inaccurate information be corrected.

Donors and other persons named in an Account are advised to contact the Foundation through one of the means listed at the end of this notice. If their concerns have not been resolved to their satisfaction, then they can contact the Privacy Compliance Officer, Strategic Charitable Giving Foundation, 180 Queen Street West, Toronto, Ontario, M5V 3K1.

8. Changes to Personal Information: Please inform the Foundation promptly of any change to the personal information provided in the Account Record by contacting the Foundation through one of the means listed below:

Strategic Charitable Giving Foundation

Telephone: 1-866-445-6763

Fax: 416-922-5660 or 1-866-766-6623

E-mail: foundation@scgf.ca

