



BENEFICIARY INTENTION FORM

We are honored that you are considering Jim Pattison Children's Hospital Foundation (JPCHF) to help you leave your legacy. Jim Pattison Children's Hospital Foundation recommends you consult legal counsel and/or a financial advisor when planning any charitable contribution.

When naming Jim Pattison Children's Hospital Foundation as beneficiary of an insurance policy, Registered Retirement Savings Plan (RRSP), Registered Retirement Income Fund (RRIF), Tax-Free Savings Account (TFSA), or other retirement or pension fund, be sure to include these details both in the policy and provide to your trusted counsel:

Jim Pattison Children's Hospital Foundation Inc.
Charitable Registration # 13530 9342 RR0001

Signature of Donor: _____

Signed the _____ day of _____, 20_____.

Though the following information you provide on this form is optional and not legally binding, any details you can provide will help JPCHF achieve your planned giving goals, ensuring your vision for the enhancement of maternal and children's health care continues for generations.

Full Name (print): _____

Birth Date (dd/mm/yyyy): _____ **Email:** _____

Address: _____

City: _____ **Prov:** _____ **Postal:** _____

Mobile Phone: _____ **Home Phone:** _____

Check all that apply:

- I have included JPCHF as a beneficiary on an insurance policy.
- I have included JPCHF as a beneficiary on a Registered Retirement Savings Plan.
- I have included JPCHF as a beneficiary on a Registered Retirement Income Fund.
- I have included JPCHF as a beneficiary on a Tax-Free Savings Account.
- I have included JPCHF as a beneficiary on _____.

Please ensure my legacy donation supports the initiatives below, check all that apply:

- Where Needed Most (%) _____
- Equipment (%) _____
- Programming (%) _____
- Research (%) _____

With your permission, Jim Pattison Children's Hospital Foundation welcomes the opportunity to recognize your generous legacy intentions now and when your gift is received:

Please confirm your recognition wishes during your life:

- Yes, I would like the opportunity to share my legacy giving intentions with the community during my life.
- No, I do not want the opportunity to share my legacy intentions during my life.

Please confirm your recognition wishes upon JPCHF receiving donation:

- Yes, please use my name in recognition upon receiving this gift.
- No, please do not use my name in recognition.
- Please, recognize this gift in honour of (Print Name or Family Name):

Please Mail, Fax or Email this completed form to:

Jim Pattison Children's Hospital Foundation - attn: Laura Gawletz
 1 - 345 Third Ave S. Saskatoon, SK. S7K 1M6
 Toll Free: 1-888-808-5437 Tel: 306-931-4887 Fax: 306-931-4618
 Email: laura@pattisonchildrens.ca