



## SAMPLE WILL WORDING

*These are sample clauses only. Your lawyer or estate planner should review and approve of any wording.*

### General % unrestricted:

I give, devise and bequeath to The Children's Hospital of Manitoba \_\_\_\_% of the residue of my estate to be used for any purpose(s) approved by the Board of Directors of The Children's Hospital of Manitoba.

### General %, restricted with escape clause:

I give, devise and bequeath to The Children's Hospital of Manitoba \_\_\_\_% of my estate to be used for the following purpose(s) \_\_\_\_\_ . If The Children's Hospital of Manitoba is unable to apply all or part of these funds for the specific purpose(s) stated herein, the balance of this bequest not so extended may be used for any purpose(s) approved by the Board of Directors of The Children's Hospital of Manitoba.

### Specific, unrestricted:

I give, devise and bequeath to The Children's Hospital of Manitoba the sum of \$\_\_\_\_\_ to be used for any purpose(s) approved by the Board of Directors of The Children's Hospital of Manitoba.

### Specific, restricted with escape clause:

I give, devise and bequeath to The Children's Hospital of Manitoba the sum of \$\_\_\_\_\_ to be used for the following purpose(s) \_\_\_\_\_ . If The Children's Hospital of Manitoba is unable to apply all or part of these funds for the specific purpose(s) stated herein, the balance of this bequest not so extended may be used for any purpose approved by the Board of Directors of The Children's Hospital of Manitoba.

### Residual contingent trust:

Upon the death of the survivor of my (wife, husband, etc.) \_\_\_\_\_ and my (son, daughter, etc.) \_\_\_\_\_, I direct my trustee to transfer and deliver the balance of the residue of my Estate, including any undistributed income to The Children's Hospital of Manitoba to be used for any purpose(s) approved by the Board of Directors of The Children's Hospital of Manitoba.

### Restricted Will Gift for Endowment Fund:

I direct my Executor or Trustee to pay or transfer to The Children's Hospital Foundation of Manitoba at Winnipeg, Manitoba, Canada (the whole of my Estate; the residue of my Estate; \_\_\_\_ percentage (%) of my Estate; or the sum of \$\_\_\_\_) to be used for the following purpose: (provide specifics of the name of the fund, its purpose and the terms of reference under which income is to be disbursed). The capital and the income are to be administered in accordance with the Children's Hospital Foundation's Investment policies as they exist. If The Children's Hospital of Manitoba is unable to apply all or part of these funds for the specific purpose(s) stated herein, the balance of this bequest not so extended may be used for any purpose(s) approved by the Board of Directors of The Children's Hospital of Manitoba.



For more information, please contact us.

Phone: (204) 787-4400 Email: [info@goodbear.ca](mailto:info@goodbear.ca) Fax: (204) 787-4114