

REQUEST TO MY LAWYER

ATTENTION: \_\_\_\_\_

FROM: \_\_\_\_\_

REFERENCE: Request to review and modify my Will/Trust

This is a request to you, as my legal counsel, to assist me in revising my Will/Trust to include a provision for the benefit of the **YMCA's across Southwestern Ontario**, Registered Charity ID 11913 9400 RT0001, located at 1015 Finch Drive, Sarnia, Ontario N7S 6G5. This provision is because of my interest in the YMCA and my desire to support the mission of the YMCA. The YMCA has not provided legal, financial or tax advice to me in relation to this provision and has encouraged me to seek such advice independently prior to making a decision. The YMCA has not applied pressure or undue persuasion in soliciting this gift.

Please review my Will and Estate plan and revise it to include a provision(s) as herein-after indicated (subject to your views as to the most advantageous way to provide a benefit for the YMCA).

- \_\_\_ 1. Unconditional bequest of \_\_\_\_\_ per cent of my Residual Estate
- \_\_\_ 2. Unconditional Bequest of the following property: \_\_\_\_\_
- \_\_\_ 3. Unconditional Cash Bequest in the amount of \$ \_\_\_\_\_
- \_\_\_ 4. Unconditional Bequest of my entire Residuary Estate.
- \_\_ 5. Contingent Bequest of the type above indicated in the event that the following of my beneficiaries should predecease me:  
\_\_\_\_\_

This Bequest:

- \_\_\_ Is designated for use by the following branch or unit of the YMCA: \_\_\_\_\_
- \_\_\_ Is designated for a special purpose: \_\_\_\_\_
- \_\_\_ May be used wherever the need is greatest as determined by the YMCA's Board of Directors.

Please also include a paragraph providing for alternate uses of the fund if that should ever become necessary.

The foregoing notations indicate my desires. It is my wish that you, as my legal counsel, review this request promptly and assist me in carrying out my desires. If a meeting in person is required, please contact me; or otherwise, please draw the necessary revisions to my Will/Trust to carry out my wishes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name - Please Print

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Date