

**Brookfield Investment Management
Matching Gifts Program**

Part A – to be completed by the Employee

Employee name: _____

Date Gift sent: _____ Amount: _____

By authorizing (name of Eligible Organization)

to apply for a matching contribution from Brookfield Investment Management Inc., I certify that the information submitted above is correct and in compliance with the guidelines of the Brookfield Investment Management Inc. Matching Gifts Program.

Signature _____ Date _____

Part B – to be completed by an Authorized Officer for the Eligible non-profit Recipient Organization:

Date Gift received: _____ Amount: _____

Organization legal name: _____

Organization Tax Exempt ID #: _____

Organization address: _____

City: _____ State/Zip: _____

Phone number: _____ Fax number: _____

Please provide a short description of your organization:

Eligible Organization Certification:

I hereby affirm that the gift described in Part A of this form has been received by this organization, and that this organization is registered as a non-profit tax exempt organization under Section 501(c)(3) of the Federal Internal Revenue Service Code.

Please print name

Title

Signature

Date

Distributions are made quarterly (March, June, September and December). All forms must be received by the 15th day of the distribution month in order to be processed within the same quarter received.

Please attach a copy of your Federal Internal Revenue Service Ruling of Eligibility as a 501(c)(3) organization and a copy of your W-9 and return these with both pages of this form to:

Maureen Moody
Brookfield Investment Management Inc.
71 S. Wacker Drive
Suite 3400
Chicago, IL 60606

Phone: 312-212-5641

Fax: 312-377-8296

Email: maureen.moody@brookfield.com