

# BK™ Family Fund Grant Application



*The BK™ Family Fund (the “Fund”) is operated by the HAVE IT YOUR WAY® Foundation (the “Foundation”). The Fund was established to provide financial assistance to employees of Burger King Corporation and its subsidiaries (“BKC”) and BURGER KING® franchisees and to their Immediate Family Members. Fund grants are made to assist with immediate, short-term needs of individuals who may be victims of disasters or other emergency hardship situations including floods, fires, riots, hurricanes, tornadoes, earthquakes and similar large-scale events, as well as emergency hardship caused by illness, death, accident, violent crime or other types of personal injury. Grants from the Fund are not intended to replace personal or homeowners insurance, federal disaster relief or other types of aid, but rather to assist on an immediate and short-term basis when other sources of assistance are not available. The grant will be disbursed from a U.S. charitable organization. Please consult your tax advisor as you may be required to pay taxes on all amounts received. You are responsible for paying all associated income taxes on the grant. You are also responsible for any penalties assessed for failure to timely pay the required income tax.*

*As used in this Application, the following terms have the following meanings: “Beneficiary” means the Employee or Immediate Family Member for whom the grant application is being submitted; “Employee” means a BKC or BURGER KING® franchisee employee; and “Immediate Family Member” means siblings, spouse, children and/or parents of the Employee and other family members of the Employee who reside in the Employee’s household.*

**For Dutch Applicants Only:** *In order for the Foundation to evaluate and assess your Application, the Foundation requires information from you that is considered to be “special personal data” or “personal data” under the Dutch Personal Data Protection Act. The Foundation requires your explicit consent to process and store your special personal data or personal data in Miami, Florida, USA as well as in your region. You have at any time the right to request access to, modification of or destruction of the data by sending an email to BK\_Familyfund@whopper.com.*

## Section I: Employee Information (Must be Completed)

Employee’s Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State (if applicable): \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Restaurant Number: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Position: \_\_\_\_\_  
Average Number of Hours Worked Per Week: \_\_\_\_\_  
Where do you work?  RSC  Field  Company-owned Restaurant  Franchise Restaurant (Please specify franchise group) \_\_\_\_\_  
Do you have a bank account?  Yes  No

## Section II: Beneficiary Information (Must be Completed if Intended Recipient is not an Employee):

Beneficiary’s Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State (if applicable): \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Do you have a bank account?  Yes  No

## Section III: Request for Financial Assistance (Must be Completed – Continue on Separate Sheet if Necessary)

Hardship Category:  Natural Disaster  Fire  Illness  Death  Accident  Crime  Other (Please specify): \_\_\_\_\_

Amount Requested: US\$ \_\_\_\_\_ Entity Payable To: \_\_\_\_\_

Please describe the Beneficiary’s emergency hardship situation:

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\_\_\_\_\_  
\_\_\_\_\_  
Please describe in detail (i) the Beneficiary's need and (ii) what the funds will be used for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach supporting documentation, if appropriate (for example, funeral home invoice, police report, medical bills, and monthly living expenses)

**Section IV: Other Assistance (Must be Completed)**

Have you or the Beneficiary requested any other support or assistance for this emergency situation (examples include other charitable or religious organizations, insurance, government aid programs or other federal, state or local assistance)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If not, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the Beneficiary or you requested other support or assistance, was it granted? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, please specify total amount(s). \_\_\_\_\_ If any request was denied, please give reason for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section V: Prior Fund Assistance (Must be Completed)**

Have you or the Beneficiary applied for a grant from the Fund prior to this application? If so, please indicate whether a grant was awarded and if so, when: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section VI: Employee Certification (Must Be Completed)**

**U.S. Applicants:** I certify that to my knowledge I am in compliance with all laws, statutes and regulations restricting U.S. persons from dealing with any individuals, entities or groups who are subject to economic sanctions imposed by the U.S., such as countries subject to embargoes or groups of individuals, such as terrorists and narcotics traffickers.

**Non-U.S. Based Applicants:** I certify that to my knowledge, that I do not deal with any individuals, entities or groups subject to economic sanctions imposed by the U.S., such as countries subject to embargoes or groups of individuals, such as terrorists and narcotics traffickers.

I consent to the processing of my personal data contained in this Application for verification purposes and the potential disbursement of a grant from the BK™ Family Fund. I further consent to the transfer of the contents of this Application to the Foundation located in Miami, Florida, USA, the BK™ Family Fund Administrator, the BK™ Family Fund Grant Allocation Committee Members and/or any of their respective designees.

**Dutch Applicants Only:** *In connection with my Application for a BK™ Family Fund grant, I agree to provide my special personal data and/or personal data to the Foundation and I understand and consent to my special personal data and/or personal data being processed and stored by the Foundation in order to assess and process my Application.*

**All Applicants:** I further certify to the Foundation that the information contained in this Application is true and correct. Additionally, if I am submitting this application on behalf a Beneficiary, I certify to the Foundation that the Beneficiary is my Immediate Family Member.

I consent to the disclosure of the information contained in this application to the Application Sponsor set forth in Section VIII of this Application.

By accepting a gift from the Fund, I agree to provide copies of the following materials if requested by the Foundation: receipts demonstrating the emergency hardship, my expenditure, and documentation illustrating my relationship to the Beneficiary, if I am submitting this application on behalf of an Immediate Family Member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section VII: Beneficiary Certification (Must be Completed if Intended Recipient is not an Employee):**

I certify to the Foundation that (i) the Employee is my Immediate Family Member and (ii) the information contained in this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section VIII: Application Sponsor (If the Employee is employed by BKC or its subsidiaries, this Application must be sponsored and signed below by a Company Business Manager or its equivalent, market manager or HR representative; if the Employee is employed by a franchisee of the BURGER KING® System, this Application must be certified by the franchisee or by the Employee's multi-unit manager):**

I certify to the Foundation that the information contained in this Application is true and correct to the best of my knowledge and belief. I further certify that to my knowledge the employee does not deal with any individuals, entities or groups subject to economic sanctions imposed by the U.S., such as countries subject to embargoes or groups of individuals, such as terrorists and narcotics traffickers.

As such, I support this Application.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit completed applications to the BK™ Family Fund administrator in your region:**

**North America**

BK™ Family Fund  
Burger King Corporation  
5505 Blue Lagoon Drive  
Miami, FL 33126  
Phone: (305) 378-3186  
Fax: (305) 378-7017  
Email: BK\_FamilyFund@whopper.com

**EMEA**

BK™ Family Fund  
Burger King Europe GmbH  
Zählerweg 10  
CH 6300 Zug (Switzerland)  
Phone: +41 41 729 89 00  
Fax: +41 41 729 89 40  
Email: BK\_Familyfund@whopper.com

**LATAM**

BK™ Family Fund  
Burger King Corporation  
5505 Blue Lagoon Drive  
Miami, FL 33126  
Phone: (305) 378-7540  
Fax: (305) 378-7523  
Email: BK\_FamilyFund@whopper.com

**APAC**

BK™ Family Fund  
BK ASIAPAC, PTE. LTD.  
101 Thomson Road  
#13-03/04 United Square  
Singapore 307591  
Phone: 65-6511-3720  
Fax: 65-6511-03789  
Email: BK\_FamilyFund@whopper.com

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Committee Decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Approved (if applicable): US\$ \_\_\_\_\_

Committee Member Signature of Approval: \_\_\_\_\_