

1. CLIENT (DONOR) INFORMATION

CHARITABLE GIVING PROGRAM ACCOUNT #

LAST NAME FIRST NAME
ADDRESS CITY PROVINCE/TERRITORY POSTAL CODE
SOCIAL INSURANCE NUMBER RESIDENCE TELEPHONE BUSINESS TELEPHONE

2. TRANSFER FROM

ACCOUNT NUMBER ACCOUNT TYPE (TICK ONE): NOMINEE CLIENT NAME
RELINQUISHING INSTITUTION ADDRESS OF RELINQUISHING INSTITUTION
CITY PROVINCE/TERRITORY POSTAL CODE CONTACT NUMBER OF RELINQUISHING INSTITUTION FAX NUMBER OF RELINQUISHING INSTITUTION

I authorize the relinquishing institution to provide information to the Foundation in order to assist with the transfer process.

3. TRANSFER TO

FOR BOOK BASED DELIVERIES USE: NON-ATON TRANSFERS ONLY CUID: LAUR OR DTC: 5001

B2B10205334 B2B BANK SECURITIES SERVICES INC.
ACCOUNT NUMBER RECEIVING INSTITUTION
199 BAY STREET, SUITE 600,
P. O. BOX 279 STN COMMERCE COURT TORONTO ON M5L 0A2
ADDRESS CITY PROVINCE/TERRITORY POSTAL CODE

4. SECURITIES TRANSFERRED

From the account noted above, I am transferring (tick one): All Securities In-Kind Partial Securities In-Kind (as listed below or attached list) Cash
Securities must be transferred In-Kind to the Foundation and are not to be liquidated by the Donor.

To ensure safe delivery of the documentation, it is recommended that any original physical certificate and a signed and dated Irrevocable Stock/Bond Power of Attorney form are forwarded in separate envelopes. Certificates must be sent by bonded courier directly to the Foundation.

Symbol, FAS, CUSIP, Fund Code or Certificate Number	Investment Description	Mutual Funds		Stocks Number of Shares	Certificate Attached
		Dollar Amount	OR Units		
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$			<input type="checkbox"/> Yes <input type="checkbox"/> No

5. AUTHORIZATION

I hereby request and authorize the transfer of my account and/or investments as described above.

AUTHORIZED HOLDER/DONOR SIGNATURE (MANDATORY) AUTHORIZED JOINT HOLDER/DONOR SIGNATURE (MANDATORY)
DEALER NAME FINANCIAL ADVISOR
DEALER # ADVISOR # DATE SIGNATURE GUARANTEE STAMP (MANDATORY)
FOR HEAD OFFICE USE ONLY