

Please complete this form as authorization to Humber River Hospital Foundation to facilitate a timely transfer. Please ensure a copy of any necessary supporting documentation is attached, such as Power of Attorney if applicable. If delivering physical certificates, please attach a copy of this form with the physical certificates.

Please also FAX or email a copy of this completed form to HRH Foundation Fax #: 416-242-1029 or to pzita@hrh.ca

Please transfer the following securities:

DESCRIPTION: _____

QUANTITY: _____ MARKET PRICE PER SHARE: _____ MARKET VALUE: _____

RECEIVE FREE: Electronic Physical CUSIP: _____

Delivering Institution Information

Institution Name: _____

DTC #: _____ CUID #: _____

Account Name: _____

Account Number: _____

Contact Name: _____

Contact Phone Number: _____

E-mail: _____

Receiving Institution Information

Institution Name: **Credential Securities Inc. c/o CC&L Private
Cap**

DTC #: **5083** CUID #: **CRED**

Account Name: **Humber River Hospital Foundation**

Account Number: **CAD: 507463 A1 / USD: 507463 B1**

Contact Name: **Andrew Roberts (CC&L Private Capital)**

Contact Phone Number: **416-956-9370**

Email: **FraserClientServices@cclgroup.com**

Donor Information

All information collected for donors is used for the purposes of informing the account holder, processing your donation and issuing an official donation receipt in compliance with Canada Revenue Agency policies.

Mr. Mrs. Miss Ms. Dr. Corporation

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone number: _____ E-mail: _____

I understand that I will receive a tax receipt from HRH Foundation for the closing price based on the date that the securities are received in the HRH Foundation account. These securities have been donated to HRH Foundation without any restrictions and will be sold immediately as per HRH Foundation investment policy.

Authorized Signature _____ Date _____