

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

**Please also FAX or email a copy of this completed form to HRH Foundation Fax #: 416-242-1029 or to [pzita@hrh.ca](mailto: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: **Sam Wegher (CC&L Private Capital)**

Contact Phone Number: **416-862-5164**

Contact Email: **FluxClientServices@cclgroup.com**

E-mail: **FluxClientServices@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 \_\_\_\_\_