



GIFT OF SECURITIES TRANSFER FORM

Thank you for deciding to transfer securities to Scarborough Health Network Foundation. To ensure we can track your donation and promptly issue a tax receipt, please complete this form and email a signed copy to the following people:

- 1. Your broker or investment advisor.** Your broker will be responsible for initiating the transfer. If you are a self-directed investor, you will need to call your financial institution and ask them to initiate the transfer.
- 2. Andres Escobar** at SHN Foundation at **aescobar1@shn.ca** | **Phone:** 416-418-3329

For privacy reasons, your broker cannot disclose your name to us, so it is very important that you send the completed transfer form to Andres Escobar at SHN Foundation. Your receipt will be valued based on the closing price on the day the shares are legally transferred to the Foundation's account at CIBC Wood Gundy.

ALL TRANSFERS ARE SUBJECT TO REVIEW, APPROVAL AND ACCEPTANCE BY SHN FOUNDATION

DONOR INFORMATION

Your Full Legal Name _____
Address _____
City/Town _____ Province _____ Postal Code _____
Home Telephone _____ Cellphone _____
Email _____
Signature _____ Date _____

INFORMATION ABOUT YOUR BROKERAGE ACCOUNT

Broker's Name _____ Financial Institution _____
Broker's Telephone Number _____ Account Number _____
Name on Account _____ Broker's Email _____

DESCRIPTION OF SECURITIES TO BE DONATED

Number of Shares / Units: _____ Name of Security _____
CUSIP# _____ Expected Date of Transfer _____
Estimated Dollar Value: _____

Please use my gift where it is needed most.

Other designation _____

Please note that your tax receipt will be valued according to Canada Revenue Agency guidelines.

DELIVERY INSTRUCTIONS:

Transfer to: CIBC Wood Gundy
FINS # : T002 / DTC # : 5030 | CUID: WGDB
For Scarborough Health Network Foundation # 410-01404

Contact: The Geoffrey Pennal Advisory Group
Phone: Geoffrey Pennal (416) 594-8686
E-mail: Geoffrey.pennal@cibc.ca

Authorization of Donor / Client - Please process this donation to Scarborough Health Network Foundation as soon as possible. I authorize Scarborough Health Network Foundation or its agents to contact my broker for the purposes of this transaction.

Signature: _____

Date (DD/MM/YYYY): ____ / ____ / ____