

Gift of Marketable Securities – Letter of Authorization from Donor to Broker

Thank you for making a gift of securities to the Royal Victoria Regional Health Centre Foundation

To transfer securities to the Royal Victoria Regional Health Centre Foundation, please complete all required information on page 2, and fax or email to all three contacts below (Foundation, Our Broker, Your Broker).

Information for the Royal Victoria Regional Health Centre Foundation

ACCOUNT # 376-83437-1		THE ROYAL VICTORIA REGIONAL HEALTH CENTRE FOUNDATION Charitable registration number: 12524 9185 RR0001		
Account Custodian:	Canadian Securities U.S Securities	CUID=DOMA CUID=5002		
Investment Manager:	RBC Dominion Securities Inc. 11 Victoria Street, Suite 100 Barrie, ON. L4N 6T3			
Contact Information:	Phone: (705) 725-7414 Fax: (705) 728-6416	heaney Vice-President, Portfolio Manager (705) 725-7414 (705) 728-6416 terry.cheaney@rbc.com		

To complete transfer, please follow steps 1 - 3 below

Step 1: Please fax or email completed form to:

RBC Dominion Securities Inc.

Attention: Terry Cheaney, Vice-President, Portfolio Manager Fax: (705) 728-6416 Email: tanis.wilson@rbc.com

Step 2: Please email completed form to:

Royal Victoria Regional Health Centre Foundation

Attention: Haris Chaudhry, Finance Manager Email: <u>ChaudhryH@rvh.on.ca</u>

Step 3: Please ensure this form has been sent to your broker.



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Please complete sections 1 to 3 below and fax or email to the three required contacts on the previous sheet. All three faxes or emails need to be completed to ensure effective transfer of securities.

1. Donor Information – Important for charitable receipting purposes

First Name	Initial	Last Nan	ne		
Address	City	Province	Postal Code		
Signature	Phone Number		Date (dd/mm/yr)		
2. This letter will confirm my	intention to donate	the following to RVH Bar	rie Foundation		
Security Description		Quantity	Fund Symbol/CUSIP		
Security Description		Quantity	Fund Symbol/CUSIP		
3. Information about your (E	Donors) Broker / De	livering Custodian			
	,	Ŭ			
Name of Firm					
Broker's Name	Р	hone Number	Fax Number		
Account Name	t Name Client		Account Number		
I would like to de	I would like to designate my gift to the area of greatest need				
Other designatio	n:				

Please note that your tax receipt will be valued in accordance with Canada Revenue Agency guidelines