



# Charitable Donation of Securities in Kind

Client Transfer Services, 77 Bloor Street West, 6th Floor, Toronto, Ontario M4Y 1T2

Please complete this form for use as Authorization to facilitate a timely transfer. Transfer requests that do not contain the information requested herein may result in delayed deliveries. Please ensure a copy of any necessary supporting documentation is attached to your transfer request such as a Corporate Resolution with sample signatures for a corporate account, Powers of Attorney where the signing authority for an account differs from the client of record, etc.

## Please transfer the following position:

Description (1): \_\_\_\_\_

Quantity: \_\_\_\_\_ CUSIP/ISIN: \_\_\_\_\_

Description (2): \_\_\_\_\_

Quantity: \_\_\_\_\_ CUSIP/ISIN: \_\_\_\_\_

## Delivering Institution Information

Delivering Institution Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Delivering Institution CUID or DTC: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

## Receiving Institution Information

Receiving Institution Name: TD Waterhouse

Account Name: Ne'eman Foundation Canada Canada Revenue Agency (CRA)  
Charity Registration Number: 81095 6565 RR0001

Account Number: 207WX5A Receiving Institutions CUID or DTC: GIST

Contact Name: \_\_\_\_\_ Signature \_\_\_\_\_ Phone Number (416) 542-0250

<b>For Internal Use Only</b>	
DEALER/REP CODE _____	DELIVERING INSTITUTION _____
CUID _____ DTC _____ EUROCLEAR # _____	
CONTACT NAME _____	ADDRESS _____
CONTACT TELEPHONE _____	CONTACT _____ TELEPHONE _____

**Additional Information:** *Please include any additional Contact Information (if applicable).*

## Contributing Client Authorization:

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RUSH - For Internal Use Only

Please fax a completed copy of this form to the Client Transfer Services department. The fax number can be found within the Charitable Donation procedures section of the Client Transfer Resource Centre.