

Charitable Donation of Securities in Kind

* Mandatory Fields Donor/Transferor Information						
	ount Holder - Last Name *	First Name *	First Name *			Telephone
					()	
Joint Accoun	t Holder - Last Name *	First Name *	First Name *			Telephone
						()
Street Addre	SS	City		Prov.	Country	Postal Code
Financial Institution Contact * T					ne *	Email
				()		
Financial Institution Name *				Account No.*		CUID
		Organization/Tran	sferee	Inform	ation	
Name of Charitable Organization / Transferee *						
Street Addre	SS *	City *		Prov. *	Country *	City *
Charity Contact *				Telephone *		Email
				()	
Financial Institution Contact *				Telepho	ne *	Email
				()		
Financial Institution *				Account No. *		CUID
Additional Settlement						see attached *
Instructions (as required) Request Details						
Please accept this form as authorization to gift/transfer the following securities/cash held in my/our account to the						
transferee account indicated above.						
 Note: Quantity should indicate share amounts for stocks, mutual funds Quantity * Security Description * 			ual funds a	s and bonds. CUSIP/Symbol/Fund Code *		
Quantity Description				0031	r/Syllibol/Ful	nu Coue
Additional Information					see attached *	
	ln:	formation about E	Oonatio	ns		
NOTE: Donations of securities are done on a best efforts basis. Where a donation is requested involving one or more external institutions, we can not guarantee the delivery of assets in a predetermined specified time resulting in possible market						
fluctuations. Donation/Transfer Authorization						
					Date *	
					Julio	
Joint Account Holder Signature *				1	Date *	

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