

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.

① Please transfer the following position:

Description (1): _____

Quantity: _____ CUSIP/ISIN: _____

Description (2): _____

Quantity: _____ CUSIP/ISIN: _____

② 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 Discount Brokerage

Account Name: Toronto East General Hospital Foundation Canada Revenue Agency (CRA)
Charity Registration Number: _____Account Number: 56JL53A Receiving Institutions CUID or DTC: T007

Contact Name: _____ Signature _____ Phone Number _____

For Internal Use Only

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:****③ 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.**

