

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.**

