

## Steps for transferring securities

- Contact Janet Rowe at 250-940-4950 ext 104 or janet.rowe@islandkidsfirst.com, or have your broker do so, **prior to initiating the transfer of securities** to inquire if the Foundation is able to accept the specific securities.
- If yes, please complete and sign this form with your broker; this provides authorization for the transfer.
- Scan and email this form to Jamie Gale, CIBC Wood Gundy: jamie.gale@cibc.ca.
- Also, email this signed form to Janet Rowe, Children's Health Foundation of Vancouver Island at janet.rowe@islandkidsfirst.com
- Upon receipt of the transferred shares (which may take up to seven days—or a few weeks in the case of mutual funds), we will issue a tax receipt for the closing price on the date these securities are received in the Foundation's account.

## Gift designation (optional)

- I understand that this gift will be used where the need is greatest.
  - Other designation:
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## Questions?

If you have any questions, please phone Janet Rowe at Children's Health Foundation of Vancouver Island at 250-940-4950 ext 104 or email janet.rowe@islandkidsfirst.com

**Brokers:** For direct broker-to-broker inquiries, please telephone Jamie Gale at CIBC Wood Gundy at 250-361-2231 or email jamie.gale@cibc.ca

**Charitable Registration Number:** 89863 8291 RR0001

Thank you for your generous support of Children's Health Foundation of Vancouver Island.

## Donor information

Donor name

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Address

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City

Province

Postal code

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Telephone

Email address

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## Information about your broker

Company name

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Broker name

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Telephone

Fax

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Email address

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Access number of donor/transferor of delivering institution

## Authorization and acceptance

I hereby authorize and direct the transfer in kind of the following securities from the above noted account to:

CIBC Woody Gundy      FINS: T079      DTC: 5030

CUID: **WGDB**      Dealer: **9280**

For credit to account number: **821-05598-14**  
Children's Health Foundation of Vancouver Island

| SECURITY DESCRIPTION | CUSIP/ISIN | # OF SHARES |
|----------------------|------------|-------------|
|                      |            |             |
|                      |            |             |
|                      |            |             |

Signature of donor/client

day/month/year