

GIFT OF SECURITIES

TRANSFER AUTHORIZATION FORM

 DONOR IN 	NFORMATION							
Name: Phone: Address: 2. DONOR'S BROKER INFORMATION Institution Name:								
					Phone:			
					rity:			
				# of Units:				
				Account No.: _	Account No.: Approx. Value of Each Unit: \$			
Approx. Value								
Approx. Total \	Value of Donation: \$_							
Date of Transf	er to LHSF's Account	:						
ACCOUNT		NDY SE	CURITIES mons, CIBC Wood Gundy					
Branch: One London Place, 2 London, ON N6A 5R		5 Queens Avenue, Suite 2200						
Phone:	519.640.7767	Fax: 5	19.663.5037					
Account No.:	451-02344-14	CDS F	articipant (FINS) #: T079					
Dealer No. (mutual fund transfers):		9280	Rep Code: ECF CUID: WGDB					
4. DONOR AL	JTHORIZATION							
Donor Signature		Date						
Donor Signature		Date						

INSTRUCTIONS

- Complete this Gift of Securities Transfer Authorization Form. Your broker can assist you.
- 2. Contact Us your broker will advise us of the securities donation and we'll provide our broker's information and clarify any questions. Kerry Bruce: 519.685.8500 ext. 52466.
- Authorization simply sign to authorize the transfer of securities to London Health Sciences Foundation (LHSF). Your broker must initiate the transfer to our account.
- 4. **Scan** have your broker scan the information to: FoundationFinance@lhsc.on.ca
- Scan have your broker scan the information to CIBC: Brandi Simmons at brandi.simmons@cibc.com
- Confirmation Once the security is received in our account, LHSF will confirm with you. The value of the charitable receipt is determined by the closing price on the day LHSF receives the securities into our account.

Due to the cost of processing securities trades, we respectfully request a minimum Fair Market Value donation of \$1,000.

