

Securities & Mutual Fund Transfer Form

Donor information:

Name:				Phone Number:	
Address:					
Delivering Institution:					
Account # at Deliveri	ng Institution:				
Address of Delivering	Institution:				
Institution or Broker Contact Name:				Phone Number:	
Name of Security/Mu	tual Fund:				
# of Share Transferre	d:				
Gift Direction (Fund 1	Name if applicat	ole):			
Donor Instruction: Ploads Broker Instruction:	ease fill out and	forward to <u>your k</u>	<u>oroker</u> or financ	cial institution.	
Please fax a copy to:	Frank Wad	le			
n rouse ran a copy to.		Wade Wealth Management Group			
	RBC Domi	RBC Dominion Securities Inc			
	Fax#: 204	1-982-2649	Phone#:	204-982-3468	
This letter serves as yo	ur authorizatio	n to transfer the a	bove securities	s to the following:	
Receiving Institution:	RE	BC Dominion Sec	urities Inc.		
Address of receiving in		3100-201 Portage Avenue Winnipeg, MB R3B 3K6			
	unt number: 78				
Accoi FINS		e Children's Hosp	oital Foundatio	on of Manitoba Inc.	



Signature of donor:___

Please email a copy to: Children'

5002

9190

DOMA

DTC#

CUID:

Dealer#

Children's Hospital Foundation of Manitoba Attention: Sherry Cannon - Vice President, Finance

Date:_

Email: scannon@goodbear.ca