

Charitable Donation of Securities in Kind

* Mandatory Fields Donor/Transferor Information								
Primary Account Holder - Last Name * First Name *							Telephone	
						()		
Joint Account Holder - Last Name * First Nam			First Name *) *			Telephone	
							()	
Street Address			City		Prov.	Country	Postal Code	
Financial Institution Contact *					Telephone *		Email	
					()			
Financial Institution Name *					Account No.*		CUID	
		haritable Org	anization/Tra	ansferee	Inform	ation		
Name of Charitable Organization / Transferee *								
Street Addres	ss *		City *		Prov. *	Country *	Postal Code *	
Charity Contact *					Telephone *		Email	
(()		
Financial Institution Contact *					Telephone *		Email	
					()			
Financial Institution *					Account No. *		CUID	
Additional Settlement							see attached *	
Instructions (as required) Request Details								
Please accept this form as authorization to gift/transfer the following securities/cash held in my/our account to the								
transferee account indicated above.								
Note: Quantity should indicate share amounts for stocks, mutual fund					s and bonds.			
Quantity *	Security Description *				CUSIP/Symbol/Fund Code *			
Additional Information							see attached *	
Information about Donations								
NOTE: Donations of securities are done on a best efforts basis. Where a donation is requested involving one or more external institutions, we can not guarantee the delivery of assets in a predetermined specified time resulting in possible market fluctuations.								
Donation/Transfer Authorization								
Primary Account Holder Signature *						Date *		
Joint Account Holder Signature *						Date *		

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