

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.

Please transfer the following position:

Description (1): _____

Quantity: _____ CUSIP/ISIN: _____

Description (2): _____

Quantity: _____ CUSIP/ISIN: _____

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: _____

Account Name: _____ Canada Revenue Agency (CRA)
 Charity Registration Number: 131159543 RR0001

Account Number: A _____ Receiving Institutions CUID or DTC: GIST _____

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 indicate which program you would like to direct your gift towards

Contributing Client Authorization:

Client Signature(s): _____ Date: _____

RUSH - Please Fax completed form to 905-577-8025 or email to wilsonsan@hhsc.ca