

## **Securities & Mutual Fund Transfer Form**

## **Donor information:**

Name:			Phone Number:
Address:			
Delivering Institution:			
Account # at Delivering Instituti	on:		
Address of Delivering Institution	:		
Institution or Broker Contact Name:			Phone Number:
Name of Security/Mutual Fund:			
# of Share Transferred:			
Gift Direction (Fund Name if app	olicable):		
RBC [	Wade Wealth Management Group ominion Securities Inc 204-982-2649 Phone#: 204-982-3468		
This letter serves as your authoriz	ation to transfer the	above securitie	es to the following:
Receiving Institution: Address of receiving institution: Account numbe Account name: FINS # DTC# CUID: Dealer #	RBC Dominion Securities Inc. 3100-201 Portage Avenue Winnipeg, MB R3B 3K6 781-24378-17 The Children's Hospital Foundation of Manitoba Inc. 5002 DOMA 9190		
Signature of donor:			Date:



Please email a copy to:

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

Email: gmatheson@goodbear.ca