

Securities & Mutual Fund Transfer Form

Donor information:

Name:					Phone Number:	
Address:						
Delivering Institu	ution:					
Account # at De	livering	Institutio	n:			
Address of Deliv	ering In:	stitution:				
Institution or Broker Contact Name:					Phone Number:	
Name of Securit	y/Mutua	al Fund:				
# of Share Trans	ferred:					
Gift Direction (F	und Nar	ne if appl	icable):			
Barra da	. DI	CILL I		C.	* 1* - PF - P	
Donor Instruction	n: Pleas	e fili out a	and forward to <u>your brol</u>	<u>ker</u> or financ	cial institution.	
Broker Instruc	tion:					
Please fax a copy	to:		rank Wade			
			Wealth Management G	roup		
		RBC Dominion Securities Inc Fax#: 204-982-2649		Phone#: 204-982-3468		
This letter serves	as your	authoriza	ation to transfer the abo	ve securitie	s to the following:	
Receiving Institution:			RBC Dominion Securities Inc.			
Address of receiving institution:			3100-201 Portage Avenue Winnipeg, MB R3B 3K6			
	Account number: Account name:					
	Account FINS #	name:	The Children's Hospital Foundation of Manitoba Inc.			
I	DTC#		5002			



CUID:

Dealer#

Please email a copy to: Children's Hospital Foundation of Manitoba

DOMA

9190

Attention: Glenn Matheson - Vice President, Finance

Date:_

Email: gmatheson@goodbear.ca