



Client Transfer Services, 77 Bloor Street West, 6th Floor, Toronto, Ontario M4Y 1T2

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: TD Waterhouse Canada Inc.

Account Name: The Children's Foundation Serving Hastings, Northumberland & Prince Edward Counties Canada Revenue Agency (CRA) Charity Registration Number: 892996968 RR 0001

Account Number: 7ALX36A Receiving Institutions CUID or DTC: GIST / 5036

Contact Name: _____ Signature _____ Phone Number _____

Kristine Broek | Client Service Associate | Tretina Nelson Wealth Management

TD Wealth | Tel: 613-968-6046 | kristine.broek@td.com

TD Wealth , CUID GIST, FINS T007. For mutual funds: Dealer/Rep: 9834/VGJT

For Account: 7ALX36A The Children's Foundation Serving Hastings, Northumberland & Prince Edward Counties

Additional Information: *Please include any additional Contact Information (if applicable).*

Contributing Client Authorization:

Client Signature: _____ Date: _____

RUSH - For Internal Use Only
Please fax a completed copy of this form to the Client Transfer Services department. The fax number can be found within the Charitable Donation procedures section of the Client Transfer Resource Centre.