

Account Number

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This form can be used as authorization to facilitate a transfer of securities in kind. Incomplete forms may result in the delay of transfers. Please ensure a copy of any necessary supporting documentation is attached to your request, such as a Corporate Resolution with signatures for the corporate account, and any necessary Powers of Attorney where signing authorities differ.

Delivering institution information

Delivering institution name	CUID	Delivering account number
Security name	Quantity of shares	CUSIP
Contact name at delivering institution	Contact phone number	Contact fax number

Receiving institution information

Receiving institution name	CUID	Address of institution
Account number	Account name of charitable foundation	Charitable registration number
Contact name of receiving institution	Phone number	Fax number

Donor name	Phone number	Fax number
Street address	Postal code	City

Contributing client authorization

X _____
Signature of Account Holder

Date (MM/DD/YYYY)

X _____
Signature of Joint Account Holder

Date (MM/DD/YYYY)

Name of Compliance Officer

X _____
Compliance Signature

Date (MM/DD/YYYY)