

GIFTS OF PUBLICALLY TRADED SECURITIES

Donor Authorization to Broker

Thank you for your gift. Please complete this form and send copies to your broker, Linda Charlebois, VP Finance & Business Operations, Trillium Health Partners Foundation under Section II and the receiving broker selected under Section III.

I. DONOR/ TRANSFEROR INFORMATION					<i>*Mandatory Field</i>
Primary Account Holder – Last Name/ Organization*		First Name*		Telephone*	
Joint Account Holder – Last Name*		First Name*		Telephone*	
Street Address*	City*	Province*	Country*	Postal Code*	
Broker Contact*			Telephone*	Email*	
Broker Institution Name*			Account No.*	CUID*	

II. TRILLIUM HEALTH PARTNERS FOUNDATION (THPF)				
CRA Registered Charitable No	Address	City	Province	Postal Code
11924 5678 RR0001	2085 Hurontario Street	Mississauga	ON	L5A 4G1
THPF Contact	Telephone/ Fax			Email
Linda Charlebois, VP Finance & Business Operations	(T) (905) 848-7580 ext 2983; (C) (437) 288-3176 (F) (905) 804-7927			Linda.Charlebois@thp.ca

III. THPF BROKER OPTIONS				<i>Select one of:</i>
	Broker Institution Contact	Telephone	Fax	Email
	Customer Service	1-800-465-5463, option 3	1-877-639-4547	Linda.Charlebois@thp.ca
	Broker Institution Name	Account No.	CUID	Cost
	TD Waterhouse	59Y263A (CDN) ; 59Y263B (US)	T007; GIST	\$ 9.99/ trade
	Broker Institution Contact	Telephone	Fax	Email
	Sherilyn Ketchen	(416) 842-3323	(416) 842-3472	sherilyn.ketchen@rbc.com
	Broker Institution Name	Account No.	CUID: DOMA	Cost
	RBC Wealth Management	423-06827-10-LWO	US DTC: 5002	Up to \$ 125/ trade
	Broker Institution Contact	Telephone	Fax	Email
	Bruce MacKay	(416) 842-7120	(416) 842-7127	bruce.mackay@rbc.com
	Broker Institution Name	Account No.	CUID	Cost
	RBC Dominion Securities	421-58809-17	T002; US DTC: 5002	Varies by size of trade. Confirm with broker
	Broker Institution Contact	Telephone	Fax	Email
	Matthew Horan	(416) 865-6445	(416) 865-6448	matthew.horan@scotiamcleod.com
	Broker Institution Name	Account No.	CUID	Cost
	Scotia McLeod	467-21060-12-5BW	SCOT; DTC: 5011	Varies by size of trade. Confirm with broker

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IV. REQUEST DETAILS			*Mandatory Field
<p>■ Please accept this form as authorization to gift/transfer the following securities held in my/our account to the charity indicated above</p>			
Quantity*	Security Description*	CUSIP/Symbol*	Designation **
			Area of greatest need
			Program
			Area of greatest need
			Program
			Area of greatest need
			Program
			Area of greatest need
			Program

**Your Income Tax Receipt will be valued based on the closing price on the day the shares are transferred to THPF's account.

V. DONATION/ TRANSFER AUTHORIZATION		*Mandatory Field
Primary Account Holder Signature:*		Date:*
Joint Account Holder Signature:*		Date:*

Version 2022.01.04

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