

Charitable Donation of Securities in Kind

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:	C	USIP/ISIN:		
Description (2):				
The anti-dependent and a substantial process grades given by the state of the second s				CONTRACTOR AND
Quantity:	C	USIP/ISIN:		
Delivering Institution Information				
Delivering Institution Name:				
Account Name:		Management (Management and American Company)		
Account #:	Delivering Institution CUID or DTC:			
Contact Name:	Signature		Phone Number	
Receiving Institution Information				
Receiving Institution Name: TD WATERHOUSE				1
Account Name: PAWS FOR HOPE ANIMAL FOUNDAT	Canada Rev Charity Reg	enue Agency (CRA) istration Number: 8	34689 8088RR0001	
Account Number: 20J3JBA Recei	iving Institutions CUID			
Contact Name: KATHY POWELSON	Signature		Phone Number _6	04-657-4183
For Internal Use Only	alg Star	S S S S		
DEALER/REP CODE		DELIVERING INST	TITUTION	
CUID DTC EUROCLEAR #				
CONTACT NAME		, DDBEGG		
CONTACT NAME			TELEPHONE	7 × 35 × 100
CONTACT TELEPHONE		CONTACT	TELEPHONE_	7 × 35 × 100
		CONTACT		X 38
CONTACT TELEPHONE		CONTACT		X 34
CONTACT TELEPHONE		CONTACT		X 34
CONTACT TELEPHONE		CONTACT		X 38
Additional Information: Please include any addition	nal Contact Informatio	CONTACT	TELEPHONE	7 × 35 × 100

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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.