

The Busby Centre

Gift of Marketable Securities – Letter of Authorization from Donor to Broker

Thank you for making a gift of securities to The Busby Centre

To transfer securities to the Busby Centre please complete all required information on page 2, and fax or email to all three contacts below:

Information for The Busby Centre:

Account 541-27903-12 The Busby Centre

Account Custodian: Canadian Securities CUID = DOMA
U.S. Securities CUID = 5002

Investment Manager: RBC Dominion Securities Inc.
11 Victoria Street, Suite 100
Barrie, ON L4N 6T3

Contact Information: Katie McIntyre (and The McIntyre Group)
Investment Advisor
Phone: 705-725-7406
Fax: 705-728-6416

Important contacts needed to complete transfer:

1. Please fax or email to
RBC Dominion Securities
Attn: Michael McIntyre
Fax # 705-728-6416
michael.mcintyre@rbc.com
2. Please fax or email to
The Busby Centre
Fax # 705-739-9543
candace@busbycentre.ca
3. Please fax or email completed form to your broker

The Busby Centre

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Please complete sections 1 to 3 below and fax to the three required numbers on the previous sheet. All three faxes need to be complete for effective transfer and receipting of securities.

1. Donor Information – Important for charitable receipting purposes:

| | | |
|------------|---------|-----------|
| First Name | Initial | Last Name |
|------------|---------|-----------|

| | | | |
|---------|------|----------|-------------|
| Address | City | Province | Postal Code |
|---------|------|----------|-------------|

| | | |
|-----------|--------------|-------------------|
| Signature | Phone Number | Date (mm/dd/yyyy) |
|-----------|--------------|-------------------|

2. This letter will confirm my intention to donate the following to The Busby Centre

| | | |
|----------------------|----------|-------------------|
| Security Description | Quantity | Fund Symbol/CUSIP |
|----------------------|----------|-------------------|

| | | |
|----------------------|----------|-------------------|
| Security Description | Quantity | Fund Symbol/CUSIP |
|----------------------|----------|-------------------|

3. Information about your (Donors) Broker/ Delivering Custodian

Name of Firm

| | | |
|---------------|--------------|------------|
| Broker's Name | Phone Number | Fax Number |
|---------------|--------------|------------|

| | |
|--------------|-----------------------|
| Account Name | Client Account Number |
|--------------|-----------------------|

I would like to designate my gift to the area of greatest need

Other designation _____

Please note that your tax receipt will be valued in accordance with Canada Revenue Agency Guidelines