TRANSFER FORM

Donation of Securities to Elgin Residential Hospice (Barrie Family Hospice of Elgin)
Charitable Registration Number: 701658916 RR0001

DONOR INFORMATION

Full Name of Donor (as it should appear on tax receipt): _____

Full Address: _____

Phone: _____ Email: _____

DONOR'S INVESTMENT ADVISOR

Broker/Contact Name: _____

Full Address: _____

Phone: _____ Email: _____

AUTHORIZATION TO TRANSFER SECURITIES

I hereby irrevocably and unconditionally authorize and direct the transfer of the following securities (collectively, the "Securities") as a charitable donation to Elgin Residential Hospice, without any conditions or restriction whatsoever.

Name of Security: _____

Trading Symbol/CUSIP No.: _____ Quantity of Securities: _____

Please transfer the Securities to the following account:
BMO Nesbitt Burns Investment Representative: Katelyn Jones
Phone: 519-646-1180 | Fax: 519-679-8848 | Email: katelyn.jones@nbpcd.com
Address: 1900-255 Queens Avenue, London, ON. N6A 5R8
Account Name: Hospice of Elgin
Account No.: 4403479118 | FIN No.: T009 | CUID No.: NTDT
Beneficiary: Elgin Residential Hospice (Barrie Family Hospice of Elgin)
Address: 8 South Edgeware Road, St. Thomas, ON N5P 2H2

IMPORTANT – PLEASE READ: By signing this form, I hereby represent and warrant Elgin Residential Hospice and BMO Nesbitt Burns, that I have full power and authority to transfer the Securities and that I own the Securities with good title, free and clear of all mortgages, liens, encumbrances, security interests and any other rights of others. Further, I hereby acknowledge and agree that (i) I am authorizing and directing the irrevocable and unconditional transfer of the Securities; (ii) I am aware of and accept the tax and financial consequences of the transfer of the Securities; (iii) the Securities will be transferred to Elgin Residential Hospice without any condition or restriction whatsoever; and (iv) I will receive an income tax receipt from Elgin Residential Hospice in an amount based on the closing price of the Securities on the date that such Securities are actually received by Elgin Residential Hospice.

Signature of Donor: _____ Date: _____

Donor Recognition Name: _____

Note: You will receive a charitable tax receipt for the full value of the gift, based on the closing price of the securities on the date and time they are received in Hospice of Elgin's brokerage account.
Contact: Beth Rocheleau, Finance Coordinator, 519-631-7495 ext. 103
Physical Address: 8 South Edgeware Road, St. Thomas, ON. N5P 2H2