

Charitable Donation of Stocks & Bonds In-Kind – CAD

Please use this form to initiate a transfer of securities to **Tearfund Canada** (Charitable Registration # **10822 2191 RR0001**) as a charitable donation in-kind. Transfer requests that do not contain the information requested herein may result in delayed deliveries.

A signature guarantee may be required by the donor's broker. Most chartered banks can guarantee a signature. The donor may need to produce signed photo ID to verify identity at the time of signing. When this form has been completed, signed, and guaranteed (if required), send the original copy to the broker listed below.

A DUPLICATE COPY should be sent to the Tearfund Canada

Donor Relations: connect@tearfund.ca, T: 905-415-8181

DONOR BROKERAGE FIRM INFORMATION

Name of Brokerage Firm: _____

Contact Name: _____

Address to include: _____

City / Province / Postal Code: _____

Phone Number: _____

Brokerage Account Number: _____

DONOR INFORMATION

Donor Name: _____

Donor Address to include: _____

City / Province / Postal Code: _____

Donor Phone Number: _____

Donor Email Address: _____

SECURITY DONATION INFORMATION

Name of Security: _____ Name of Security: _____ Name of Security: _____

Trading Symbol: _____ Trading Symbol: _____ Trading Symbol: _____

Quantity: _____ Quantity: _____ Quantity: _____

RECEIVING INSTITUTION INFORMATION

The specified security(s) should be transferred IN-KIND to Tearfund Canada's CIBC Investor's Edge account as follows:

Aviso Financial Inc. Account Name: **Tearfund Canada**
Aviso Financial Inc. Account Number: **Q5A5B9CA**
Dealer Number: **7799**
DTC Number: **5083**
CUID: **CRED**
Aviso Financial Inc. Address: **700 - 1111 West Georgia Street, Vancouver, BC, V6E 4T6**

SIGNATURES

Date Signed: _____

Donor Signature: _____

Donor Signature: _____



VOLUNTARY DONATION TO CHARITABLE ORGANIZATION

700 - 1111 West Georgia Street
Vancouver, BC, Canada V6E 4T6
604.605.4199 Toll Free 1.877.787.2330

1. ACCOUNT DETAILS

Tearfund Canada

Name of Charitable Organization ("Grantee")

10 Huntingdale Blvd

Address

Scarborough

City

ON

Province

M1W 2S5

Postal Code

2. RECEIVING INSTITUTION

Aviso Financial Inc.

Name

700 - 1111 West Georgia Street, Vancouver, BC, V6E 4T6

Address

Phone

7799

Dealer Number

5083

DTC Number

CRED

CUID

Contact Name

Fax

Q5A5B9CA

Grantee Account Number

3. DELIVERING INSTITUTION

Name

Address

Phone

Dealer Number

DTC Number

CUID

Contact Name

Fax

Grantor Account Number

Grantor Account Name

4. DESCRIPTION OF SECURITIES

Table with 3 columns: Quantity, Symbol / CUSIP, Security Description. Multiple empty rows for data entry.

5. DELIVERING INSTITUTION

I, the undersigned Grantee, accept the donation described above and declare that it is done without any compensation and give instructions to the Receiving Institution to transfer the securities described above to my account.

x Signature of Grantee Date (dd/mm/yyyy)

I, the undersigned Grantor, authorize the transfer of the securities described above to the Grantee and give instructions to the Delivering Institution to initiate and complete the transfer. I declare that the transfer is done without any compensation.

x Signature of Grantor Date (dd/mm/yyyy)

6. INSTRUCTIONS

Grantee: Please submit the original completed and signed Voluntary Donation To Charitable Organization to Qtrade Direct Investing at the above address.

Grantor: If the Delivering Institution is not Qtrade Direct Investing, please submit a legible copy of your valid government issued ID to Qtrade Direct Investing at the above address and submit the completed and signed Voluntary Donation To Charitable Organization to the Delivering Institution.