

Securities Transfer Form

From Donor to Broker

Donor Information (required for tax receipting purposes)

The stock will be valued at the closing price on the date it is received in the Foundation's brokerage account.

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ PC: _____

PH: (_____) _____ CELL: (_____) _____

EMAIL: _____

Broker Information:

COMPANY NAME: _____

CONTACT NAME: _____

PH: (_____) _____

EMAIL: _____

Transfer Securities From:

ACCOUNT #: _____

Securities to be donated:

Security Name	# of units/Shares	CUSIP#/symbol
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Security Name	# of units/Shares	CUSIP#/symbol
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I authorize Soldiers Memorial Hospital Foundation, or its agent, to contact my broker for the purposes of concluding this transaction.

Signature of Donor

Date: _____

Transfer securities to: BMO Nesbitt Burns Inc.
CUID: ATTN: Naomi Isner
DTC#:

Account #: _____

Please fax a copy of the completed form before proceeding with your securities transfer to:

Soldiers Memorial Hospital Foundation
Fax #: 902-825-5110

If you have any questions regarding this form, or your donation, please contact:

Beth Forsyth
Administrative Assistant
Tel: 902-825-4202
Email: foundation-smh@nshealth.ca

CRA Registration #:
119155976RR001

Thank you for your philanthropy!



**SOLDIERS
MEMORIAL
HOSPITAL
FOUNDATION**