HOSPITALS OF REGINA®
F O U N D A T I O N
Better lives.
Made possible by you.

To initiate your gift of securities transfer, please follow the steps below:

1. *Deliver this form to your Investment Advisor, with instructions to initiate the transfer*
2. *Email a copy of this form to Hospitals of Regina Foundation at hrf@hrf.sk.ca*
3. *Email a copy of this form to Good Stefan Wealth Management, RBC Dominion Securities, mack.burn@rbc.com or 306-791-9295*
4. *Once the transfer is finalized and the securities have sold, Hospitals of Regina Foundation will issue you a charitable tax receipt*

If you have any questions, please contact the Foundation at (306) 781-7500 or 1-888-766-7500.

All donated securities are sold upon receipt. The amount of your charitable gift receipt is determined by the closing price on the day the securities transfer into our account.

Please note that with the exception of complex transfers and proprietary funds, all transfers initiated within 30 days of the end of a calendar year will be receipted in that same calendar year.

Your advisor may contact RBC Dominion Securities with any questions:

- *Mack Burn*
  ph: (306) 791-9295
  mack.burn@rbc.com

Gift of Securities to the Hospitals of Regina Foundation

(U.S. listed securities only) 🇺🇸

ADVISOR/DELIVERING INSTITUTION INFORMATION

Name of Firm: _____ FINS # _____

Contact Name: _____

Phone: (_____)_____ Fax: (_____)_____

Client Account Number: _____

DONOR/CLIENT/ESTATE INFORMATION

Legal name(s) for charitable receipting purposes (please print):

_____ Phone: (_____) _____

Mailing Address: _____

Estate Contact Name: _____ Phone: (_____) _____

INSTRUCTIONS TO ADVISOR/DELIVERING INSTITUTION

I hereby give authority to deliver **free** the following securities to RBC Dominion Securities **(DTC#: 5002 CUIDS: DOMA)** for credit to **Hospitals of Regina Foundation brokerage account # 772-18654-13**. **Please deliver free of transfer fees:**

Security: _____ ☐ In Kind

CUSIP#_____ Market Symbol: _____ # of Shares/Units to transfer: _____

DONATION DESIGNATION

☐ **Area of Greatest Need**

☐ **Specific Area or Purpose:** _____

AUTHORIZATION OF DONOR(S)/CLIENTS(S)

_____	_____	_____	_____
Signature	Day	Month	Year
_____	_____	_____	_____
Signature	Day	Month	Year
_____	_____	_____	_____
Witness to signature(s)	Day	Month	Year

_____
Witness Name (please print)