



HOSPITALS OF REGINA®
FOUNDATION
 Better lives.
 Made possible by you.

Gift of Securities to the Hospitals of Regina Foundation

(Canadian listed securities only)



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.burns@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 Burns
 ph: (306) 791-9295
mack.burns@rbc.com

ADVISOR/DELIVERING INSTITUTION INFORMATION

Name of Firm: _____ FINS # _____
 Contact Name: _____
 Phone: (____) _____ Fax: (____) _____
 Client Account Number: _____

DONOR/CLIENT/ESTATE INFORMATION

Legal name(s) for charitable receiving 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)			