




HOSPITALS OF REGINA  
FOUNDATION

Better lives.  
Made possible by you.

# Gift of Securities to the Hospitals of Regina Foundation

(U.S. 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 or fax a copy of this form to Hospitals of Regina Foundation at [hrf@hrf.sk.ca](mailto:hrf@hrf.sk.ca) or 306-781-7504
3. Email or fax a copy of this form to Good Stefan Wealth Management, RBC Dominion Securities, [carissa.robins@rbc.com](mailto:carissa.robins@rbc.com) or 306-757-2606
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:

- Carissa Robins  
ph: (306) 777-0503 or [carissa.robins@rbc.com](mailto:carissa.robins@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)