

Charitable Donation of Securities in Kind

*Mandatory Fields	Donor / Transferor Information	on			
Primary Account Holder – Last Name*	First Name*	Telephone	Telephone		
		()	()		
Joint Account Holder – Last Name*	First Name*	Telephone	Telephone		
		()			
Street Address	City	Province	Country	Postal Code	
Financial Institution Contact*	Telephone *	Email	Email		
	()				
Financial Institution Name*	Account No.*	CUID			
Charit	able Organization / Transferee	Information			
Name of Charitable Organization / Transferee					
Street Address*	City*	Province*	Country*	Postal Code*	
			•		
Charity Contact*	Telephone*	Email	Email		
	()				
Financial Institution Contact*	Telephone*	Email	Email		
	()				
Financial Institution*	Account No.*	CUID	CUID		
Additional Settlement Instructions (as required)		□ see attac	□ see attached*		
	Request Details				
	ion to gift/transfer the following secu	rities / cash held in my/c	our account t	o the	
transferee account indicated above.		d b d -			
Note: Quantity should indicate share	amounts for stocks, mutual funds and	s sonds			
Quantity*	Security Description*	CUSIP/Sym	CUSIP/Symbol/Fund Code*		
Additional Information			☐ see attached*		
	Information about Donatio				
Note: Donations of securities are done on a be					
institutions, we can not guarantee the deliver			bie market fi	uctuations.	
Duine and Assessment Health and Circumstance	Donation / Transfer Authoriza				
Primary Account Holder Signature*		Date*			
Joint Account Holder Signature*		Doto*			
Joint Account Holder Signature*		Date*			
CONFIDENTIALITY: This massage transmitted by fav or ma	il is intended sololy for the individual or entire t	to whom it is addressed. The i	nformation can	tained in this massas	

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CI Financial Corp. Privacy Office Canadian

Subsequent Collection Form Standard Privacy Notice

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