

301-2550-12th Avenue, Regina, Saskatchewan, S4P 3X1 <u>finance@alzheimer.sk.ca</u> Office: 306-949-4141 Fax: 306-949-3069

GIFT OF SECURITIES Transfer Intent Form

Required Donor Personal Information – Name of donor for charitable receipting purposes:

| Name: | | |
|--|---|---|
| Address: | | |
| City: | Province: | Postal Code: |
| Telephone: | Email: | |
| Signature: | Date: | |
| | bove are listed in our Annual Rep the estate prefers to remain and | |
| | - | ving securities to the Alzheimer Society of at any time considered appropriate. |
| Name of Shares: | | Number of Shares: |
| Date: | | |
| Required Donor Accoun | t Information – Brokerage accou | nt details for transfer of securities: |
| Brokerage Firm Name: | | |
| Address: | | |
| Brokerage Account Num | ber: | |
| | • | e based on the closing price of the securities on the nce with our policy and Canada Revenue Agency |
| Please notify the above receipt is issued in a tim | | ken place. We will ensure that the tax |
| This is a Charitable donation of Securities to the Alzheimer Society of Saskatchewan and is to | | |

RBC Dominion Securities 4th Floor, 2010-11th Avenue Regina SK S4P 3M3

delivered to:

Account # 772-11190-1-9 Dealer # 9190 PHR CUID: DOMA DTC: 5002 FINS # T002