

Gifts of Securities

To ST. JOSEPH'S HEALTH CENTRE FOUNDATION

This letter of direction is to be completed by the Donor or the Donor's representative and serves as authorization and instruction to transfer specified securities to St. Joseph's Health Centre Foundation. This completed letter should be sent to all affected parties, as detailed below.

То:	My Broke	r	Date:		AND	
То:	Charity's Account Holder to Receive Transfer Date: Aviso Financial Inc. 2410-1800 McGill College, Montreal, QC H3A 3J6 Email: ACPsupport@aviso.ca Attention: ACP Support Please copy CC&L Private Capital at: FluxClientServices@cclgroup.com when sending the document					
To: Charity St. Joseph's Health Centre F Fax: 416-530-6836 Attn:Sus Email:spimentel@stjoestoro			sana Pimentel or	Date:		
This letter serv	es as authoriz	zation to transfe	r the following publicly-	listed securities, curren	tly owned by	
name		, address				
		, pho	ne #	to the account of		
St. Joseph's Ho CUID CRED, FI Account # 5279	NS T088, Deal	oundation ler 7799, DTC 50	83			
Account Custodian:		700–111 \	Aviso Wealth 700–111 West Georgia Street Vancouver, BC V6E 4T6			
Investment Manager:		Exchange 1400-130	CC&L Private Capital Exchange Tower, 14th Floor 1400-130 King St. W., P.O. Box 240 Toronto, ON M5X 1C8			
Contact Information		Email: mfl	Michael Flux, Executive Vice President & Portfolio Manager Email: mflux@cclgroup.com Phone Number: 416-867-8027 ACPsupport, Aviso Financial Inc. Email: ACPsupport@aviso.ca			
by the delivering	institution to the	transaction imme ne delivering cust	diately. This list of donate	d securities and transfer a	authorization is to be forwarded assets). Prior to the transfer,	
	Of		_ currently in account			
# units	descrip	tion of security		acc't # if known		
	Of		_ currently in account	acc't # if known		
# units						
# units	Of		_ currently in account	acc't # if known		
# units	descript	ion of security		acc't # if known		
Yours sincerely,	,					
Your Name or N	Name of Corpo	ration Signing Of	ficers			