

LETTER OF DIRECTION AND AUTHORIZATION
Re: Transfer of Bonds, Shares or other Securities

This letter authorizes the transfer of the following securities currently owned by me from my account held by _____

to account **515931A1 (Cdn\$)** for the Community Foundation of the South Okanagan Similkameen held with Credential Qtrade Securities Inc.

I direct that my contribution be deposited to

the _____ (the Fund)

and that the income be distributed annually in accordance with the terms of my fund agreement.

Yours truly,

Donor's name (please print)

Donor's signature

Donor's address

Donor's telephone #: _____

Donor's email address: _____

Please return signed the Letter of Direction and Authorization to:

Attn: Aaron McRann, Executive Director
Community Foundation of the South Okanagan|Similkameen
390 Main Street, 2nd Floor
Penticton, BC V2A 5C3
aaronmcrann@cfso.net

Community Foundation of the South Okanagan Similkameen

390 Main Street
Penticton, BC V2A 5C3
Telephone: (250) 493-9311
admin@cfso.net | www.cfso.net

I, _____, hereby make a donation of securities in kind.

Please transfer the following position:

Description (1): _____

Quantity: _____ CUSIP/ISIN: _____

Description (2): _____

Quantity: _____ CUSIP/ISIN: _____

Delivering Institution Information:

Delivering Institution Name: _____

Account Name: _____

Account #: _____ Delivering Institution CUID or DTC: _____

Contact Name: _____ Phone Number: _____ Email: _____

Receiving Institution:

Receiving Institution: **Credential Qtrade Securities Inc.**

Receiving Institution Address: **700-1111 West Georgia Street Vancouver, BC V6E 4T6**

Account Name: **Community Foundation of the South Okanagan – CND Donations**

Account: **# 515931A1** CRA Charity Registration #: **140150509RR0001**

Receiving Institution CUID or DTC: **CRED/5083**

Contact Email: **CQCPsupport@aviso.ca**

Contributing Donor Contact Information:

Donor's Legal Name (s): _____

Home Address: _____, _____ (City), _____ (Prov), _____ (Postal Code)

Phone Number: _____ Email Address: _____

Contributing Donor Authorization:

Donor Signature: _____ Date: _____