



TRANSFER FORM

COVERING A DONATION OF SECURITIES TO SLEEPING CHILDREN AROUND THE WORLD

A registered Canadian charity founded by Margaret and Murray Dryden
Registered Canadian Charity# 13163 4396 RR 0001

To make a donation of securities:

(i) Send a completed **TRANSFER FORM** to your securities advisor, and

(ii) Please ensure a duplicate copy of the completed form is sent to the **SCAW** office.

CONTACT INFORMATION

**SLEEPING CHILDREN
AROUND THE WORLD**
28 Pinehurst Crescent
Toronto, ON M9A 3A5

Phone: 416.231.1841
Fax: 416.231.0120
Toll Free: 1.866.321.1841
Email: info@scaw.org
Web: www.scaw.org

TD WATERHOUSE CANADA INC
2 St. Clair Ave. E, 6th floor
Toronto, ON M4T 2T5
Attention: Rodney Miller
Senior Vice President

Phone: 416.308.8800
Toll Free: 1.888.361.0321
Fax: 416.308.8722
Email: rodney.miller@td.com

NOTES

Your broker will be able to provide information such as FINS and CUSIP numbers.

You and your investment advisor may contact SCAW with any concerns or questions.

As a matter of SCAW investment policy, all donated securities are sold upon receipt. You will receive a tax receipt for the value of the securities donated based on the closing price of the securities on the day of receipt by our custodial agent.

BROKER / DELIVERING CUSTODIAN INFORMATION:

TO: _____
Name of Broker / Delivering Custodian

ATTENTION: _____
Name of Contact Person at Above Brokerage Firm

FINS # _____

TELEPHONE _____ FAX _____

CLIENT ACCOUNT NUMBER: _____

INSTRUCTIONS TO DELIVERING BROKER / CUSTODIAN:

I hereby give authority to deliver free the following securities to
SLEEPING CHILDREN AROUND THE WORLD, % TD WATERHOUSE CANADA INC.
[FINS# T007, DTC# 5036, CUIDS# GIST]

For credit to Account# Canadian Funds and Securities: 8L9466A
or Account# US Funds: 8L9466B. Please deliver free.

TD Waterhouse contact person: Rodney Miller.

DESCRIPTION OF SECURITIES:

CUSIP # _____ # OF SHARES/UNITS: _____

DONOR INFORMATION:

NAME _____

FULL ADDRESS _____

GIFT DESIGNATION: (Select the category of your choice.)

BEDKITS ___ **LEGACY ACCOUNT** ___ **OPERATING EXPENSES** ___

BEDKIT LABEL INFORMATION: (If different from donor information above.)

(Maximum of 4 lines and 15 characters per line)

A duplicate copy of this form **must be sent to the SCAW office.**

AUTHORIZATION OF DONOR:

Signature day / month / year