



# 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) Return a duplicate copy of the completed form to **SCAW** headquarters.

### 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, 6<sup>th</sup> 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** \_\_\_ **INVESTMENT ACCOUNT** \_\_\_ **OPERATING EXPENSES** \_\_\_

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

(Maximum of 4 lines and 15 characters per line)

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### **AUTHORIZATION OF DONOR:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature day month year