



GIFT OF MUTUAL FUNDS OR SECURITIES TO THE VICTORIA HOSPITALS FOUNDATION

Please complete this form and forward to your broker/custodian/investment representative/financial institution for processing. All transfers must be initiated by the delivering institution.

Upon receipt of this form, it is asked that a copy be faxed or emailed to the Victoria Hospitals Foundation so that we may notify our custodian of the impending transfer and have the all required information to issue a tax receipt. **Fax: 250-519-1751 Attention: Heather Crow, Senior Director, Finance & Administration.**

For further inquiries you can reach Heather at 250-519-1750 or heather.crow@islandhealth.ca

Client/Donor Information:

Name: _____ Daytime telephone: _____
 Address: _____ Evening telephone: _____
 City: _____ Province: _____ Postal Code: _____
 I want my tax receipt: mailed emailed email address: _____

Fund and/or Broker Information and Donor Authorization:

Client/Donor Account # _____

Name of delivering institution/firm: _____ CUID code (if applicable) _____
 Contact/Broker Name: _____ Contact/Broker Phone: _____
 Fax: _____ Date of transfer: _____

[Name of Mutual Fund Issuer, Fund Name & Fund Number] OR [Name of Security]:

(i) _____ No. of units or shares /Dollar Amount: (i) _____ / _____
 (ii) _____ No. of units or shares /Dollar Amount (ii) _____ / _____

CUSIP (please complete) _____

Description and class of securities (i) _____
 (eg. common, preferred, mutual fund units, etc.): (ii) _____

I wish to make a charitable gift consisting of Mutual Funds/Securities to the **Victoria Hospitals Foundation (Charitable Registration #10793 5637 RR0001)**. Further to this, please accept this form as my authorization for you to **transfer in-kind**, the above listed Mutual Funds from my account to the Victoria Hospitals Foundation custody account held at RBC Phillips Hager & North Investment Counsel (re-registration/delivery/trade settlement details below). It is my understanding that this transfer and gifting represents a disposition for which I will be provided with a donation receipt from the Victoria Hospitals Foundation. The amount of the receipt will be based on the value as of the close of trading on the date the mutual fund(s) are transferred into the name of the Victoria Hospitals Foundation or based on the value as of the close of trading on the date the securities are received by the Victoria Hospitals Foundation in the custody account.

Signature of Client: _____ **Name:** _____ **Date:** _____

Transfer Information for the Victoria Hospitals Foundation:

The custody account of the Victoria Hospitals Foundation is held at RBC Phillips Hager & North Investment Counsel.

RBC Phillips Hager & North Investment Counsel
 502-707 Fort St, 5th Floor
 Victoria, BC V8W 3G3

Intermediary Account Number: #46307510-16
 Intermediary [CUID] Code: DOMA
DTC# 5002
Mutual Fund Dealer #: 9190

If you have any questions or concerns, please contact Rebecca Duron at 250-356-3861, Khushali Salehkar at 250-356-3394, Lisa Dempsey at 250-356-4790 or Lisa.Dempsey@rbc.com.