



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

For further inquiries you can reach the Heather at 250-519-1750 or [heather.crow@islandhealth.ca](mailto: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, 5 <sup>th</sup> Floor Victoria, BC V8W 3G3	Intermediary Account Number: #46307510-16 Intermediary [CUID] Code: DOMA DTC# 5002 <b>Mutual Fund Dealer #: 9190</b>
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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](mailto:Lisa.Dempsey@rbc.com).