

4 EASY STEPS TO INITIATE A TRANSFER:

1. Complete this form

2. Send a copy to your broker:

Your broker can arrange for the electronic transfer of shares to our BMO Nesbitt

Burns account:

Account number: 405-22156-15

1 First Canadian Place P.O. BOX 150, 40th floor Toronto, ON M5X 1H3

FINS#: T009 CUID: NTDT DTC#: 5043

EUROCLEAR#: 90098

Mutual Fund Dealer/Rep code: 9185-KGC

3. Send a copy to NYGF's Broker:

Attn: Doug Jones BMO Nesbitt Burns

Tel: 416-359-7667 / 1-800-227-9842 Fax:

416-359-7669

Email: doug.jones@nbpcd.com

1 First Canadian Place P.O. BOX 150, 40th floor Toronto, ON M5X 1H3

4. Send a copy to NYGH Foundation: Attn:

Mark Heazle

Chief Financial Officer

North York General Hospital Foundation

Tel: 416-756-6940 Fax: 416-756-9047

Email: mark.heazle@nygh.on.ca

4001 Leslie Street, Suite 110-SW Toronto,

ON M2K 1E1

Please be advised that the value of the donation receipt will be based on the closing price of the shares on the day the securities are received by the Foundation's custodian, in accordance with our Board Policy. Charitable Registration # 888 751245 RR0001. North York General Hospital Foundation respects your privacy and does not rent, sell or trade any donor information to third parties. All information relating to your contributions is held in the strictest confidence.

This form is to be completed by the donor or the donor's agent and sent to both the donor's agent and the Foundation. For privacy reasons, shares are transferred anonymously from the broker, thus the information provided below enables us to issue a tax receipt to the donor.

DONOR INFORMA	TION:		
Donor's Name			
Address			
City	Province	Postal Code	
Telephone			
Email Address			
SHARE INFORMAT	ION:		
Security Description			
Number of Shares	CUSIP#		
Broker Name	ATION:		
Broker's Firm			
Broker's Phone	Broke	Broker's Fax	
Broker's Email			
GIFT DESIGNATIO	N:		
☐ The Campaign fo	or North York Ge	neral (highest priority area	
Other:			
AUTHORIZATION:			
Donor Signature	Date	Date (dd/mm/yyyy)	