NORTH YORK GENERAL FOUNDATION

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.

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 cody: 9185-KSK
3. Send a copy to NYGF's Broker:
   Attn: Mario Glavas
   BMO Nesbitt Burns
   Tel: 416-359-4008
   Email: mario.glavas@nbpcd.com
   1 First Canadian Place
   P.O. BOX 150, 40th floor
   Toronto, ON M5X 1H3
4. Send a copy to NYGH Foundation
   Attn: Liana Karakhanyan
   Manager, Gift Administration and Operations
   North York General Hospital Foundation Tel:
   416-756-6000 ext. 3716
   Fax: 416-756-6457
   Email: Liana.Karakhanyan@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.

DONOR INFORMATION:

Donor's Name

Address

City | Province | Postal Code

Telephone

Email Address

Account number

SHARE INFORMATION:

Security Description

Number of Shares | CUSIP#

BROKER INFORMATION:

Broker Name

Broker's Firm

Broker's Phone | Broker's Fax

Broker's Email

GIFT DESIGNATION:

☐ The Campaign for North York General (highest priority areas)

☐ Other: _____

AUTHORIZATION:

Donor Signature | Date (dd/mm/yyyy)