



**Gift of Marketable Securities – Letter of Authorization from Donor to Broker**

*Thank you for making a gift of securities to Seasons Centre for Grieving Children.*

To transfer securities to Seasons Centre for Grieving Children, please complete all required information on pages 1 and 2, and fax and/or email to the three required recipients below (Seasons Centre For Grieving Children, Our Broker, Your Broker).

Information for Seasons Centre for Grieving Children

ACCOUNT # 55855803

ACCOUNT NAME: Seasons Centre for Grieving Children (SCGC)

Account Custodian: Canadian Securities CUID: SCOT (CND)  
U.S Securities DTC: 5011 (USD)

Investment Manager: Scotiabank iTrade  
(705) 726-0217  
44 Collier Street, Barrie ON  
L4M 1G6

Contact Information: Kim Smith  
Treasurer of SCGC Board of Director  
Phone: (705) 816-0864  
Email: [ksmith@powelljones.ca](mailto:ksmith@powelljones.ca)

Important Fax Numbers needed to complete transfer

1. Please fax completed form to: Scotiabank iTrade  
Attention: Jonathon Graham  
Fax # (705) 726-0556
2. Please scan and send completed form to: Seasons Centre for Grieving Children  
Attention: Rowley Ramey  
Email: [managingdirector@grievingchildren.com](mailto:managingdirector@grievingchildren.com)  
  
Powell Jones LLP.  
Attention: Kim Smith  
Email: [ksmith@powelljones.ca](mailto:ksmith@powelljones.ca)
3. Please fax completed form to: Your Broker



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Please complete sections 1 - 3 below and fax and/or email to the three required recipients on the previous sheet. All three recipients must receive the information in order to facilitate the transfer of securities.

**DONOR INFORMATION**- Important for charitable receipting purposes

First Name	Initial	Last Name	
Address	City	Province	Postal Code
( )	( )		
Primary Phone Number	Alternate Phone Number	Email Address	
Signature	Phone Number	Date (dd/mm/yy)	

**1. DELIVERING INSTITUTION INFORMATION (REQUIRED)** -Information about your (Donors) Broker/Delivering Custodian

Delivering Institution Name	Broker CUID/DTC#	Account Number
Delivering Institution Contact (preferred but not required)		Phone Number or Email

**2. SECURITY INFORMATION** -This letter will confirm my intention to donate the following to Seasons Centre for Grieving Children

Quantity to Donate	Security Description	Security Symbol/CUSIP/ISIN
Quantity to Donate	Security Description	Security Symbol/CUSIP/ISIN

- I would like to designate my gift to the area of greatest need
- Other destination \_\_\_\_\_

By this signature, I, \_\_\_\_\_, herby instruct my broker to transfer the above publicly-listed securities to *Seasons Centre for Grieving Children*. For charitable tax purposes, the securities will be valued as of the close of trading on the date they are received.