



# TRANSFER FORM

## COVERING A DONATION OF SECURITIES TO SLEEPING CHILDREN AROUND THE WORLD

A registered Canadian charity founded by Margaret and Murray Dryden  
Registered Canadian Charity# 13163 4396 RR 0001

To make a donation of securities:

(i) Send a completed **TRANSFER FORM** to your securities advisor, and

(ii) Please ensure a duplicate copy of the completed form is sent to the **SCAW** office.

### CONTACT INFORMATION

**SLEEPING CHILDREN  
AROUND THE WORLD**  
28 Pinehurst Crescent  
Toronto, ON M9A 3A5

Phone: 416.231.1841  
Fax: 416.231.0120  
Toll Free: 1.866.321.1841  
Email: info@scaw.org  
Web: www.scaw.org

**MANULIFE SECURITIES INC**  
1540 Cornwall Road, Suite 101  
Oakville, ON L6J 7W5

**Attention: Kevin McAdams**  
Financial Advisor

Phone: 905.337.2600 x41  
Fax: 905.339.2377  
Email  
kevin.mcadams@manulifesecurities.ca

**OR**

**Attention: Debbie Adjey**  
Phone: 905.337.2600  
Email  
debbie.adjey@manulifesecurities.ca

### NOTES

Your broker will be able to provide information such as FINS and CUSIP numbers.

You and your investment advisor may contact SCAW with any concerns or questions.

As a matter of SCAW investment policy, all donated securities are sold upon receipt. You will receive a tax receipt for the value of the securities donated based on the closing price of the securities on the day of receipt by our custodial agent.

### **BROKER / DELIVERING CUSTODIAN INFORMATION:**

TO: \_\_\_\_\_  
Name of Broker / Delivering Custodian

ATTENTION: \_\_\_\_\_  
Name of Contact Person at Above Brokerage Firm

FINS # \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

CLIENT ACCOUNT NUMBER: \_\_\_\_\_

### **INSTRUCTIONS TO DELIVERING BROKER / CUSTODIAN:**

I hereby give authority to deliver free the following securities to  
**SLEEPING CHILDREN AROUND THE WORLD, % MANULIFE SECURITIES INC.**  
**[FINS# T016, DTC# 5047, CUIDS# BSIT]**

For credit to Account# Canadian Funds and Securities: **N25-9899-A**  
Please deliver free.

Manulife Securities contact persons: Kevin McAdams or Debbie Adjey.

### **DESCRIPTION OF SECURITIES:**

\_\_\_\_\_  
CUSIP # \_\_\_\_\_ # OF SHARES/UNITS: \_\_\_\_\_

### **DONOR INFORMATION:**

NAME \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

### **GIFT DESIGNATION: (Select the category of your choice.)**

BEDKITS \_\_\_ LEGACY ACCOUNT \_\_\_ OPERATING EXPENSES \_\_\_

### **BEDKIT LABEL INFORMATION: (If different from donor information above.)** (Maximum of 4 lines and 15 characters per line)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A duplicate copy of this form **must be sent to the SCAW office..**

### **AUTHORIZATION OF DONOR:**

\_\_\_\_\_  
Signature day / month / year