## Gift of Securities for the Queensway Carleton Hospital Foundation LETTER OF DIRECTION

| Name of Donor's Broker     |                                  |                                       | $\oplus$     | Queensway Carleton<br>Hospital Foundation |
|----------------------------|----------------------------------|---------------------------------------|--------------|-------------------------------------------|
| Broker's Title             |                                  |                                       |              | Hospital Foundation                       |
| Broker's Company Name      | <u> </u>                         |                                       | 9            | -                                         |
| Broker's Address           |                                  | City                                  | Prov         | Postal Code                               |
|                            |                                  |                                       |              |                                           |
| Broker's Email             |                                  | Date                                  |              |                                           |
| Dear Broker:               |                                  |                                       |              |                                           |
| This letter will authorize | you to transfer securities as    | a donation to the <b>Queensway</b>    | Carleton H   | ospital Foundation (Charitable            |
| Business #13725 3571 R     | <b>RR0001).</b> To my knowledge, | these shares are not subject to       | restrictions | s on their sale or disposition and        |
| am not aware of any ma     | terial undisclosed informatio    | on concerning the shares.             |              |                                           |
| Please transfer the sha    | ires                             |                                       |              |                                           |
| From my account #          | _                                |                                       |              |                                           |
|                            |                                  | <b>712</b> (CUID # DOMA / FINS # T002 | 2 / DTC # 50 | 002)                                      |
| Mutual Fund Dealer / R     | ep # 9190 - ENR                  |                                       |              |                                           |
| On this date               |                                  |                                       |              |                                           |
|                            | Secu                             | rities to be donated                  |              |                                           |
| Company name or desc       | cription                         |                                       |              |                                           |
| Stock symbol or CUSIP      | #                                |                                       |              |                                           |
| Number of shares           | or shares to                     | value approximately \$                |              |                                           |
| My current address and     | d contact information is         |                                       |              |                                           |
| Name                       |                                  |                                       |              |                                           |
| Address                    |                                  |                                       |              |                                           |
| City                       | Prov                             | Postal Code                           |              |                                           |
| Home Phone                 | Work Phone                       | Cell Phone                            |              |                                           |
| Email                      | Fax                              |                                       |              |                                           |
|                            |                                  |                                       |              |                                           |
| Signature of Donor         |                                  |                                       |              |                                           |
| Puis                       | u to making the turnefor         | Japan amail a completed               | , of this fa | um to:                                    |
| Prio                       | r to making the transfer, p      | lease email a completed copy          | or this foi  | m to:                                     |

Lee Geerts, Client Transfer Services, RBC Dominion Securities,

 $303\ Moodie\ Drive,\ 4^{th}\ Floor,\ Ottawa\ K2H\ 9R4\ /\ Phone\ 613-721-4553\ /\ FAX\ 613-721-4680\ /\ Email\ \underline{lee.geerts@rbc.com}$ 

and to

Nadine Fowler, Queensway Carleton Hospital Foundation, email <a href="mailto:nfowler@qch.on.ca">nfowler@qch.on.ca</a>